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OVERSIGHT ON THE PROPOSED TRANSFER OF THE NIOSH FACILITIES FROM ROCKVILLE, MD., TO ATLANTA, GA., AND CINCINNATI, OHIO

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON HEALTH AND SAFETY

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

HEARINGS HELD IN WASHINGTON, D.C., ON JULY 28, AND SEPTEMBER 15, 1981

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OVERSIGHT ON THE PROPOSED TRANSFER OF THE NIOSH FACILITIES FROM ROCKVILLE, MD., TO ATLANTA, GA. AND CINCINNATI, OHIO

TUESDAY, JULY 28, 1981

House of Representatives,
Subcommittee on Health and Safety,
Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to call, at 9 a.m., in room 2175, Rayburn House Office Building, Hon. Joseph M. Gaydos (chairman of the subcommittee) presiding.

Members present: Representatives Gaydos, Murphy, Kogovsek, Kramer, Johnston, and Craig.

Staff present: Paul F. Dwyer, majority counsel; Dorothy Strunk, minority senior legislative associate; and Lee Bassford, secretary.

Mr. Gaydos. The subcommittee will be in order.

Late last month, the Department of Health and Human Services announced that it proposed to transfer the National Institute for Occupational Safety and Health [NIOSH] facilities located at Rockville, Md., to Atlanta, Ga., and Cincinnati, Ohio.

NIOSH is an integral part of the Occupational Safety and Health Act in providing the necessary research on health and safety to the Occupational Safety and Health Administration and to the Mine Safety and Health Administration.

During its 10-year life to date, OSHA has been under attack and I have regularly taken to the well of the House to oppose crippling amendments which would have seriously restricted OSHA's efforts to protect the American worker.

Interestingly enough, however, during this same period, there were no attempts made to restrict the operations of NIOSH. But now in short order we have witnessed, one, a rescission of certain of NIOSH's funding for 1981; two, a substantial reduction in the funding requested for 1982; three, the proposed elimination of NIOSH training grants; and, four, the proposed elimination of NIOSH's operations at Rockville, Md., by a fragmented transfer of certain operations to Atlanta, Ga., and other operations to Cincinnati, Ohio.

In view of these activities, great concern has been expressed by many individuals and organizations as to just what this means with respect to the future activities of NIOSH.

How will this affect that agency's statutory authority to conduct research experiments, and demonstrations relating to occupational safety and health, including studies of psychological factors involved, and relating to innovative methods, techniques and approaches for dealing with occupational safety and health problems?

There are several witnesses appearing here this morning who also share my concern.

Additionally, representatives of the Department of Health and Human Services have been invited to explain the reasons for the proposed move of the Rockville, Md., operations of NIOSH.

Following the announcement of this morning's hearing in the Congressional Record of July 16, 1981, the subcommittee received requests from various persons and organizations to testify. Unfortunately, given the limited time we have this morning, the subcommittee was unable to accommodate all of these requests. However, if any person or organization wishes to submit written testimony for inclusion in the printed hearing, the subcommittee will be happy to accommodate you.

At this time, it gives me great pleasure and personal privilege to welcome the members of our first panel. First of all, our two former colleagues in the House who are now Members of the other body of Congress, the Honorable Paul S. Sarbanes and the Honorable Charles McC. Mathias, Jr., U.S. Senators from Maryland.

We also have with us the Honorable Michael D. Barnes, a Member of Congress from the Eighth Congressional District of Maryland, and the Honorable Steny Hoyer, a Member of Congress from the Fifth Congressional District of Maryland.

On behalf of the committee, welcome. You decide who shall proceed first.

Senator **SARBANES**. I appreciate how the House works, having served here for three terms. I think I will defer to my colleague Congressman Barnes who has taken the lead on this issue and has done such a very effective job, I think, of presenting the case.

Mr. **GAYDOS**. Thank you, Senator.

Without objection, all four presentations will be made a formal part of the record in this matter.

STATEMENT OF HON. MICHAEL D. BARNES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. **BARNES**. Thank you, Mr. Chairman. I thank my friends and our great U.S. Senator from Maryland, Paul Sarbanes, for letting me lead off.

I prepared a lengthy statement which you have already entered in the record and I am not going to read all of that statement. What I will do is just briefly touch on some of what I perceive to be the key points with respect to this issue.

As you have said, Mr. Chairman, the proposal to move NIOSH from the National Capital region to Atlanta and Cincinnati requires the most exacting scrutiny the Congress can provide.

Your leadership and these hearings provide such an opportunity. I am very grateful to be able to participate, and to join with you in calling attention to the very serious implications of the proposed move on the health and safety of working people.

Any attempt to move a major Federal activity warrants careful examination of the complex issues decentralization raises. Families are uprooted, communities are impacted, costs are incurred, unemployment results, and relationships within government—relationships built over time—are never the same.

In the case of NIOSH, I believe that we must add to the heavy burden of proof that questions of decentralization raise in general, the question of how the moves may impact an institute whose mission is saving of human life and limb.

From a congressional standpoint, we must be assured that NIOSH's legislative mandates will not be impaired.

I wrote to you, Mr. Chairman, to request these hearings because even cursory review of available information indicated that the Congress was being asked to sign a blank check for this move.

Based upon information that my staff and I, and the staff of the Federal Government Service Task Force, which I chair, obtained, it is my judgment that the NIOSH move is—as I stated in my letter to you, "precipitous".

It is a move based upon philosophical changes in fundamental health and safety policy, and a move designed for "ease and management."

The sound, painstaking analysis, the weighing of costs and benefits, the weighing of competing interests, has simply not occurred.

The information that the Department has provided to Congress is inadequate, in my judgment, for purposes of judging their plan to move the NIOSH Rockville personnel down to Atlanta and to Cincinnati.

OMB Circular A-60, which is the governing document with respect to this kind of decentralization, requires agencies contemplating decentralization of their facilities to undergo analytical exercise of the move's impact.

The Centers for Disease Control ignored long-established standards and criteria in formulating its decentralization decision. Mr. Hilyer reacted with only casual interest to our questions about the requirements of OMB Circular A-60 "Criteria for Decentralizing Federal Activities from the National Capital Region."

OMB Circular A-60, promulgated in 1963 underwent thorough review as late as June 1980. OMB reaffirmed the circular's importance as a policy guide and planned to update it to provide balancing tests for weighing the complex variables of any move.

But CDC had no regrets about bypassing this guidance, since philosophy outweighed any consideration raised in Circular A-60.

In my view, the guidance of this executive directive is too broad, and too important, to sidestep. I am sure that this point will be amplified in other testimony today.

The possibility that the NIOSH move amounts to functional reorganization of the Institute is equally disturbing. Other portions of my testimony will support the view that this move entails much more than simply transfering functions performed in Rockville to Atlanta or Cincinnati.

The Rockville employees have no guarantee that they will be performing the same jobs after the move. CDC plans to fold certain administrative functions performed by NIOSH staff into their own operations. Of this, more follows.

But the fact that the move is admittedly designed to accomplish a major policy shift—a "reunion of NIOSH with the mainstream of disease prevention," suggests the kind of overhaul governed by title 5 United State Code, sections 901-912. Those sections require the executive to submit a reorganization plan to Congress.

These are my overriding objections to the proposed move: We are asked to approve a grandiose, amorphous plan. We are given a minimum of cost information—the latest word from CDC is that it will cost $1.7 million to accomplish the change of station and cover costs of employee moves.

We are told that standard operating procedures can be ignored, and that it will all work out in the end. Such a cavalier response to cost in a year when we in Congress are being forced to make painful budget cuts is unconscionable.

The philosophical change that I refer to underlying the Centers for Disease Control claim that NIOSH will be brought into the mainstream of preventive medicine really amounts to a dramatic modification of NIOSH's legislative mandate.

The move raises the most serious concerns about NIOSH's future ability to do what it was intended to do: Stay on top of the research developed in a dynamic field and develop the kind of criteria and standards for workplace health and safety that can provide a universal basis for saving life and limb.

Both CDC and NIOSH concede that more than half of NIOSH's current employees will not make the move to Atlanta or Cincinnati. That means that current, vital, ongoing projects, such as work in microradiation, will be forced to discontinue.

I believe that we must have a very specific analysis of which NIOSH functions will have to be discontinued. The Department will no doubt protest that this is a chicken and egg question—since there is no way to tell how many people will decide to remain with NIOSH through the move until the move is made.

My point, Mr. Chairman, is that agencies have the responsibility to carefully plan any decentralization in order to meet a very heavy burden of proof. That burden of proof is what Circular A-60 is all about.

Had full consultation between the Centers for Disease Control and NIOSH senior staff—principally NIOSH's Office of Policy Planning and Evaluation—taken place, the Department would have a better handle on how NIOSH employees would respond to the move, and how disruptive the move would be to NIOSH program continuity.

But the sad fact of the matter is that the Centers for Disease Control are prepared to accept any and all discontinuity of mission as a result of the move.

The NIOSH cost figures are incomplete because they barely tell us about the costs the agency itself expects to bear—but there are other heavy costs to the Federal Treasury that should have been presented.

We should also bear in mind the cost of severing thousands of important relationships between NIOSH staff and the NIH and other agency research communities that are located here in the Nation's Capital and in the surrounding suburbs.

Last year, if I recall, NIOSH personnel made something like 1,400 trips—I don't recall the exact number but it is in my prepared statement, just within the Washington area, for important meetings with respect to overlapping responsibilities with other agencies.

Are we going to pay their air fare to fly up here from Atlanta or from Cincinnati every time they need to carry on those kinds of meetings? If we are going to begin to do even a portion of that, obviously the costs are monumental.

Mr. Chairman, signing off on this move, would in truth be like signing a blank check. We just don't know how much we have to pay and what we are going to get for this money. From what I can see we would be spending millions of dollars to undermine the legislatively mandated role of one of the Nation's most important research and criteria development arms.

So I say again, Mr. Chairman, that I am very grateful for your leadership and for your scheduling these hearings to give those of us in the Congress an opportunity to hear the administration's case for this move and to consider the implications to the taxpayers and to the workers in America who are dependent upon the important work of NIOSH.

Thank you, Mr. Chairman, for giving me the opportunity to participate in these hearings.

[The prepared statement of Congressman Barnes follows:]

PREPARED STATEMENT OF HON. MICHAEL D. BARNES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. Chairman, the proposal to move the National Institute for Occupational Health and Safety (NIOSH) from the National Capital Region to Atlanta and Cincinnati requires the most exacting scrutiny the Congress can provide. Your leadership and these hearings provide such an opportunity. I am very grateful to be able to participate, and to join with you in calling attention to the very serious implications of the proposed move on the health and safety of working people.

Any attempt to move a major Federal activity warrants careful examination of the complex issues decentralization raises. Families are uprooted, communities are impacted, costs are incurred, unemployment results, and relationships within Government—relationships built over time—are never the same. In the case of NIOSH, I believe that we must add to the heavy burden of proof that questions of decentralization raise in general, the question of how the moves may impact an Institute whose mission is saving of human life and limb. From a Congressional standpoint, we must be assured that NIOSH's legislative mandates will not be impaired.

I wrote to you, Mr. Chairman, to request these hearings because even cursory review of available information indicated that the Congress was being asked to sign a blank check for this move. Based upon information that my staff and I, and the staff of the Federal Government Service Task Force, which I chair, obtained, it is my judgment that the NIOSH move is—as I stated in my letter to you, "precipitous". It's a move based upon philosophical changes in fundamental health and safety policy, and a move designed for "ease of management." The sound, painstaking analysis, the weighing of costs and benefits, the weighing of competing interests, has simply not occurred.

My staff contacted the Center for Disease Control in order to give the Agency every opportunity to present its analysis and viewpoint. Mr. Elvin Hilyer, Assistant Executive Officer of the Centers for Disease Control, flatly stated that there was no way the Agency could project the costs that the new policy direction might engender. Mr. Hilyer confirmed the view expressed by CDC Deputy Director, William Watson: "Programmatic" changes are the overriding concern, whatever the costs. I must admit, Mr. Chairman, that such adherence to philosophical purity in a year of unprecedented budget consciousness, caught me by surprise. It puzzles me that the Administration would insist upon cost-benefit analysis in applying health and safety standards, but abandon the same analysis when determining directions for the agencies promulgating such standards.

But this is a minor inconsistency in comparison with the major gaps in the decisionmaking process that my staff uncovered with respect to this move.

The Centers for Disease Control ignored long established standards and criteria in formulating its decentralization decision. Mr. Hilyer reacted with only casual interest to our questions about the requirements of OMB Circular A-60 "Criteria for Decentralizing Federal Activities from the National Capital Region." OMB Circular A-

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60, promulgated in 1963, underwent thorough review as late as June of 1980. OMB reaffirmed the circular's importance as a policy guide and planned to update it to provide balancing tests for weighing the complex variables of any move. But CDC had no regrets about by-passing this guidance, since philosophy outweighed any consideration raised in Circular A–60. In my view, the guidance of this Executive directive is too broad, and too important, to side-step. I am sure that this point will be amplified in other testimony today.

The possibility that the NIOSH move amounts to a functional reorganization of the Institute is equally disturbing. Other portions of my testimony will support the view that this move entails much more than simply transferring functions performed in Rockville to Atlanta or Cincinnati. The Rockville employees have no guarantee that they will be performing the same jobs after the move. CDC plans to fold certain administrative functions performed by NIOSH staff into their own operations. Of this, more follows. But the fact that the move is admittedly designed to accomplish a major policy shift—a "reunion of NIOSH with the mainstream of disease prevention," suggests the kind of overhaul governed by 5 U.S.C., Sec. 901-912. Those sections require the Executive to submit a reorganization plan to Congress.

These are my overriding objections to the proposed move: we are asked to approve a grandiose, amorphous plan. We are given a minimum of cost information—the latest word from CDC is that it will cost $1.7 million to accomplish the "change of station" and cover costs of employee moves. We are told that standard operating procedures can be ignored, and that it will all work out in the end.

Even preliminary cost analyses can tell us that predictions, that NIOSH will come through this move better off in the long run, are fairy tales. Mr. Chairman, I would like to briefly discuss some of the cost aspects, always keeping NIOSH's mission in mind, and leaving most of the details to others who will testify today.

1. Cost to Employees: CDC acknowledges that the cost to NIOSH employees will be very, very high. CDC, in fact, does not expect most of the employees to move to Atlanta or Cincinnati. CDC recognizes the difficulties of trying to sell a home in Washington and trying to finance a home in Atlanta or Cincinnati. CDC employees are familiar with the anguish of uprooting, searching for a new home, a new school, a new set of friends. CDC staff, who favor the move, stress that they have been through all this themselves during the Agency's move to Atlanta. That, however, was well over 6 years ago in a very different economic climate. CDC's plans for aiding employees wishing to stay in the National Capital Region are almost frighteningly extensive—I amost wish that every Federal employee facing a reduction-in-force had recourse to the outplacement effort underway up at NIOSH. The National Security Agency is offering 1100 vacancies for scientists, NIH believes it can absorb the 30 percent of NIOSH's staff that performs clerical or secretarial duties, HHS Candidate Alert System is gearing up, the Federation of American Societies of Experimental Biologists is on the scene, and OPM's Voluntary Interagency Placement Program, although a pre-RIF program, has been opened to NIOSH employees.

In a year in which Federal Employee compensation and benefits have been trimmed by over $4 billion, and thousands of employees face reductions-in-force, I hesitate to look askance at this kind of pro-employee effort. Nevertheless, in the interest of the program, I feel compelled to ask what effect all of this advance outplacement will have on the vital on-going projects at the Institute?

2. Costs to NIOSH: Observers outside CDC agree that the Agency's cost figures are both understated and incomplete. Estimates range from $1.7 million from CDC itself to $16 million reported by the House Energy and Commerce Committee. The latter figure should be high enough to spark considerable concern for a budget-conscious Congress. The CSA has estimated the cost of moving NIOSH employees to be in the neighborhood of $20,000 for each man and woman. Not all of that sum is direct cost to NIOSH; some of it will come from the Treasury through deductions for moving expenses.

However, expenses such as severance pay, lump sum payments for accrued annual leave, costs of shipping equipment, files, software, and costs of remaking administrative and contractual arrangements, and many other hidden costs, will be billed directly to the Institute's operating expenses. In fiscal year 1980, those operating expenses totaled $80 million. This year, the recission shaved $16 million from NIOSH's fiscal year 1980 allotment. The Institute's fiscal year 1982 budget has been pegged at $59 million. If cost estimates do reach the high end of the range for this move, NIOSH may find itself being funded at a level close to that of its original authorization in 1970. Needless to say, that authorization will have a little more than 45 percent of its original purchasing power. Again, I believe this gives us pause to wonder about the impact on NIOSH's mission.

3. Costs to the Mission: I have stressed NIOSH's mission without discussing it or the quality of work performed in the National Capital Area. I commend the "1980 NIOSH Report on Occupational Safety and Health Under Public Law 91-596" to this Committee. I'm sure, Mr. Chairman, that you are quite familiar with its contents and the work of the Institute. I confess that I was stunned by the array of activities the report describes—and the importance of such activities as Cancer prevention, long term work on respirators, reproductive hazards, chronic effects of trauma, repetitive motions, hazard and illness surveillance, safety research, detergent production, and alkaline dust, silica flour, duplicating fluid, asbestos, spray paint, ultraviolet radiation, coal gasefication and liquefaction, and much more. NIOSH currently protects the health and safety of American workers "by conducting research and promoting the application of the research results" to prevent workplace hazards.

All of this serves to raise the issue of continuity. American workers on the job today, have a vested interest in the continuity of NIOSH production. CDC itself admits that there will be serious continuity problems as a result of the move, but shrugs off these costs as necessary to linking NIOSH to the National Disease Prevention Strategy.

On their face, arguments for this link-up with a National strategy have great appeal. In 1978, CDC produced a document called "Recommendations for a National Strategy for Disease Prevention." Not surprisingly, CDC considered itself the ideal focal point for this effort to consolidate a number of worthwhile programs. NIOSH's role was outlined in the document in the overall context of the strategy. CDC noted that 100,000 deaths occur annually because of work-related disease. The Agency stressed the importance of finding the connections between work place substances and virtually all forms of cancer. The report recommended strict enforcement of legislation, coordinated by CDC (NIOSH)—so far so good, but, with special emphasis on involving State and local health departments.

In the report, CDC quickly resolved the issue of how NIOSH would emphasize involving state and local health departments. NIOSH was to focus upon enforcement of criteria by educating local health departments, and training health professionals. CDC, meanwhile was to become the worldwide leader in overall health prevention. Mr. Chairman, let me stress that enforcement, education and training activities do not closely parallel the functions that are the mainstream of NIOSH's current activities. To date, NIOSH has "conducted research and promoted the application of research results" by developing itself as a clearinghouse of research and grants activity fed into its Division of Criteria and Documentation Standards. Thus, while NIOSH has been involved in some very effective training projects, its mission has been to produce effective criteria and standards in collaboration with OSHA and the Mine Safety Health Administration among others.

In 1975, NIOSH Director John Finklea expressed his concern to Congress that a move to Cincinnati would disrupt on-going NIOSH activities. Finklea's concern, in 1975, stemmed from his experiences with CDC management, whom he regarded to be ill equipped to supervise the operations of an Institute with a mission other than out-reach, technical assistance, and research limited to communicable diseases. Finklea cited a number of examples in which CDC placed its agenda before NIOSH's. The most blatant example found CDC refusing to endorse a NIOSH study of workplace stress because CDC had no available scientist available competent to supervise the project. Studies of workplace stress are expressly mandated in NIOSH's legislative history.

Today, NIOSH staff believe that CDC unreasonably restrains the Institute's ability to purchase consulting services of top scientists, to contract for essential non-competitive studies, and to adequately staff the Institute.

These uneasy relations probably led to CDC's decsion not to consult with any NIOSH senior staff before signing off on the decision to move the Institute. NIOSH's Office of Program Planning and Evaluation should have been consulted about CDC's wish to alter the Institutes' policy direction. That the Office was left out of the decision to move altogether, in my view, borders on mismanagement.

Lack of consultation also aroused fears among senior NIOSH employees that key components of the Institute would be folded directly into CDC. These include: (1) The Office of Administrative and Management Services which coordinates grants and procurement, and provides worldwide leadership in conjunction with the National Institutes of Health (NIH); (2) the Procurement and Grants Management Branch, which plans, directs and conducts all research and development for the Institute through negotiated contracts; (3) the Division of Criteria and Documentation standards mentioned earlier—perhaps the key component in the Institute. If absorption led to elimination, this last stroke would effectively kill the Institute's reason for being—as well as cripple the ability of other agencies, dependent upon a dynamic standards program, to function.

The Committee is also no doubt well aware that NIOSH has significantly upgraded its grants and research program over the last two years. Following the recommendations of an HEW task force, NIOSH aligned its grants program—and I mean physically, with on-going efforts at the National Institutes of Health. The alignment has brought new credibility to NIOSH's research work. NIOSH's limited staff have been able to seek out the most qualified area scientist to review grants proposals coming in from around the world. This progress will be among the costs of a move outside of the National Capital Region

CDC contends that it is vitally important for NIOSH to break old relationships—especially those with large labor unions and the Congress. Labor unions have played an instrumental role in securing access to the workplace for NIOSH and OSHA.

NIOSH staff, who participate in a myriad of interagency working groups, believe that the costs of severing their relations or altering them by leaving the area will be incalcuable. The costs would be measured in terms of added turn-around time on reports and projects, slowing productivity, and an inhibited free-flow exchange of ideas. CDC has a good rebuttal to this observation. CDC believes that its relations with the Washington community, though long distance, are excellent. If modern communications are as good as CDC insists, perhaps the Congress should simply close up all of its Washington offices. Members could phone in their votes. Committees could examine witnesses via Conference calls. We could all just mail in our speeches. There may be some, particularly in the Administration, who relish this idea—so I hesitate to raise it; but I would no more endorse packing up the Congress than I can sanction moving NIOSH to Atlanta and Cincinnati. Last year, NIOSH staff made 1114 trips within the National Capital Region to consult with staff at EPA, OSHA, the Consumer Product Safety Commission, NIH, scores of other agencies, unions and international associations. Can you imagine the cost to the taxpayers of 1114 trips from Atlanta to Washington to continue those consultations.

Other CDC claims about this move are also specious. For example, the agency contends that the move to Atlanta will "reinforce the technical and scientific leadership of the Institute." This point is hard to understand, because only 3 medical officers, 1 senior scientist, and 1 chemical engineer are slated for the Atlanta move. Under this rationale, it would make better sense to move the Cincinnati group, loaded with scientists, to Atlanta.

I also fail to understand how the CDC can make this claim when they are unable to tell us how many projects listed in the annual report will have to be discontinued or substantially curtailed because of the move. I myself know of one very important project that will likely go unfinished if NIOSH leaves this area. The long-awaited study of the impact of radio-frequency and micro-radiation will lose one and perhaps both of the scientists in charge of the project. Private industry and OSHA both want this study to appear. The study's suppression, whether intentional or unintentional, would be an unconscionable blow to thousands of American workers and consumers.

The Chairman may well recall that this is not the first attempt to move NIOSH. In 1973, HEW Secretary Caspar Weinberger selected Cincinnati as the permanent principal location for NIOSH after conducting a brief study. Budget considerations, and four inadequate buildings—one declared to be unsafe, slowed that attempt. In 1975, the House Appropriations Committee asked HEW to indicate sites under consideration for the NIOSH move and the criteria HEW planned to use for its decision. Atlanta, in fact, was at that time a prime site under consideration. The HEW selection committee ultimately selected Cincinnati again as the preferred site. In August 1976, the House Appropriations Committee questioned the criteria used in the selections process and ordered a new study. A private study was commissioned in 1977. Secretary Califano didn't like their report, and revised the criteria for the move himself.

I would suggest that the NIOSH move has to be one of the most studied in the History of the Government. Yet, each of these anlyses failed to provide arguments sufficient to counter the total costs of moving the Institute. Finally, in 1980, OMB began its evaluation of functions that might be moved from the National Capital Region. OMB concluded in June 1980:

"There appears to be no basis for recommending major physical decentralization of Federal functions currently located in the National Capital Area at this time. OMB Circular A-60 * * * is in the process of being updated * * * in the interim, until further policy guidance is promulgated, agencies should consider the various factors, concerns, and sensitivities described in this report as major elements to address along with current Circular A-60 considerations in any decision-making on decentralization."

Congressional Action: Mr. Chairman, in the Supplemental Appropriation's Act of 1952, the Congress prohibited the expenditure of funds for the purpose of decentralizing the GSA. I believe that the 1952 precedent should be applied in this case as well.

I also believe that serious consideration should be given to developing separate legislation to require Congressional notification, reporting, review and analyses of future decentralization efforts.

If your Committee were to undertake efforts to negotiate such a review now, with the Department, I would warmly support such an effort. The Congress simply can not sanction a move so costly, and with such serious policy implications, without thoroughly reviewing all of the facts underlying the decision to decentralize and its impact.

I believe such a review will convince my colleagues that this move is not justified.

Mr. **Gaydos**. Mr. Barnes, the committee is very pleased that you made your appearance here. I want to compliment you on a comprehensive and important statement. I like the way it was prepared and the statistics will be very helpful.

I want you to know that we appreciate the time you spent putting your presentation together.

Mr. **Barnes**. Let me apologize in advance. I don't know how long the panel is going to take but I know Congressman Hoyer and I will both be appearing at FAA and I have to be there in 20 minutes to testify with respect to National Airport policy this morning. So if I have to leave, maybe Steny will, too. I hope the subcommittee will understand the problem we have with scheduling this morning.

Mr. **Gaydos**. Senator.

STATEMENT OF HON. PAUL S. SARBANES, A U.S. SENATOR FROM THE STATE OF MARYLAND

Senator **Sarbanes**. Mr. Chairman, I would like to submit my statement for the record and I will abridge it. I appreciate this opportunity to appear before the subcommittee. I want to thank you, Mr. Chairman, and the other members of the subcommittee, for scheduling these hearings.

I also want to particularly acknowledge the strong leadership which Congressman Barnes and Congressman Hoyer have taken in this matter.

As I indicated in a letter to Secretary Schweiker, I think the proposal to relocate NIOSH headquarters' functions to Atlanta and Cincinnati raises very serious questions of waste and mismanagement.

I would like to outline briefly the reasons why I consider this relocation to be fundamentally unsound and inappropriate. First, I think it is important to recognize that since its inception over 10 years ago the National Institute for Occupational Safety and Health has performed an invaluable service in working with a number of other Federal agencies to insure a safer and healthier work environment for millions of Americans.

It is important to note the unique role of NIOSH in this regard. While other agencies establish standards for the workplace and administer and enforce rules pertaining thereto, NIOSH carries out the research and develops the criteria which serve as the underlying bases for any standard.

This activity is the central reason for the existence and maintenance of the National Institute of Occupational Safety and Health.

I don't think anyone differs with the evaluation that the NIOSH performs its work with a high degree of professionalism and expertise developed over the past decade.

Perhaps the real tragedy of this proposed move is that the very capable and dedicated staff which functions as an efficient team will be disbursed. Reliable estimates are that as many as three-quarters of the current employees may not relocate with the Institute.

The consequences of such a significant loss of specialized personnel are most undesirable: loss of continuity, of efficiency, and of cohesion which cannot be easily reestablished.

As one example, the two scientists currently supervising the study of radio frequency and microradiation effects will probably leave NIOSH because of the proposed move.

The harm caused by their departure at this critical juncture in the development of the study is incalculable. The actual cost of relocating this headquarters has not been clearly established. Various estimates range all the way up to almost $20 million. The GSA reports the cost of moving each individual employee alone would amount to approximately $20,000 per person. Obviously, any complete accounting should include hidden costs such as severance pay and renegotiation of contractual arrangements.

In addition, the cost should include an assessment of the training needs associated with a wholesale restaffing of the Institute. An important factor to be considered with regard to cost relates to the projected savings claimed by CDC for moving NIOSH. Essentially, the duplication which CDC officials speak of eliminating may well mean the deterioration of NIOSH itself. By not replacing the vast majority of employees who have indicated they will not accompany their jobs to Atlanta or Cincinnati, CDC may achieve a possible savings, but what they will have really accomplished is a solution to their own personnel ceiling problems by reduction in NIOSH staff.

There is another cost factor alluded to by Congressman Barnes which needs to be considered. The criteria documentation development which is at the core of the NIOSH mission requires a wide range of interagency consultation. Most notably, EPA, OSHA, CPSC, and NIH are contacted on almost a daily basis in a manner mutually facilitating the operation of those agencies and NIOSH.

If the Institute is moved the Government may well have to bear the cost of travel associated with well over 1,000 trips yearly which NIOSH employees make to other agencies in the Washington metropolitan area or, alternatively, the important work of developing criteria will suffer immeasurable harm.

It is not sufficient or even accurate to say that increased telephone communication can take the place of this personal contact. From my own experience I know this is an unsatisfactory substitute but particularly in the case of NIOSH where the examination of physical evidence and data in a collegial setting is so valuable, telephone contact is obviously a poor alternative.

Finally, I would like to address briefly the effect this move will have on the NIOSH employees. Mr. Chairman, we obviously consider Government service to be an honorable and important calling.

It is apparent that the majority of emplyees in NIOSH will not accompany the Institute in its move. This is understandable when one considers the human costs for the individual in terms of disruption of families and homes.

What is particularly disturbing is that there is such slight justification for the relocation and employees are more aware of this than anyone. Such disregard for the welfare of employees as has been exhibited here can only serve to make it more difficult to attract and retain individuals of quality into the Federal Government.

Finally, the burden of justification for this move has not been met. The work of promoting health and safety in the workplace can only be retarded by the relocation of the National Institute of Occupational Safety and Health.

That is why I have joined with my colleagues, Congressman Barnes and Congressman Hoyer, in opposing this move. I would urge the members of this subcommittee to take any appropriate action to prevent the relocation of NIOSH from taking place.

Mr. GAYDOS. I want to thank you for your appearance. It is good to have you back.

[The prepared statement of Senator Sarbanes follows:]

PREPARED STATEMENT OF HON. PAUL S. SARBANES, A U.S. SENATOR FROM THE STATE OF MARYLAND

Mr. Chairman, I would like to begin by expressing my appreciation for this opportunity to appear before the Subcommittee on Health and Safety regarding the proposed relocation of the National Institute of Occuptional Safety and Health. As I indicated in a letter to Secretary Schweiker the proposal to relocate the NIOSH headquarters function to Atlanta and Cincinnati "raises very serious questions of waste and mismanagement." I am very deeply concerned about this matter and want to outline the reasons why I consider the relocation of NIOSH to be fundamentally unsound and inappropriate.

Since its inception over ten years ago the National Institute for Occupational Safety and Health has performed an invaluable service in working with a number of other federal agencies to insure a safer and healthier work environment for millions of Americans. It is important, I think to note the unique role of NIOSH in this regard. While other agencies establish standards for the workplace and administer and enforce rules pertaining thereto, NIOSH carries out the research and develops the criteria which serve as the underlying bases for any standard. This activity is the central reason for maintaining a National Institute for Occupational Safety and Health.

Although NIOSH has operated under the aegis of the Center for Disease Control since 1973 there are important differences in mission between NIOSH and CDC. While the Center for Disease Control's role in disease prevention is laudatory it is clear that CDC's relation with NIOSH is limited to efforts to control communicable diseases as well as certain types of technical assistance. The divergence between CDC and NIOSH may best be illusrated by citing the example of a NIOSH study of stress in the workplace which CDC refused to endorse because it had no staff with sufficient expertise to assess the merits of this project. This occurred even though studies of workplace stress are a recurring theme in the legislative history of NIOSH.

It is useful to consider this proposed move in light of this background. As you know the proposal calls for shifting approximately 100 NIOSH positions to Atlanta and 50 to Cincinnati. Officials of CDC have asserted three reasons for the move: supposed economies in operation, integration of NIOSH and CDC, and technical support for NIOSH efforts.

Leaving aside, for the moment, the question of alleged savings which I want to address in detail later on, the other two supposed advantages of relocation prove to be specious under close examination. The integration of NIOSH and CDC could lead to the downgrading of NIOSH mission—certainly an undesirable goal. The very real danger is that the unique activities of NIOSH will be subsumed and lost within

CDC. This danger is underlined by the previously cited difficulties in the CDC/NIOSH relationship as well as the CDC's 1978 document "Recommendations for a National Strategy for Disease Prevention." This document reflects the view of Center officials that NIOSH's role should be the educating and training of health personnel and health professionals, a serious misunderstanding of the Institute's value and mission.

NIOSH performs its work with a high degree of professionalism and expertise developed over the past decade. The real tragedy of this move is that the very capable and dedicated staff which functions as an efficient team will be dispersed. Estimates are that as many as three fourths of the current employees may not relocate with the Institute. The consequences of such a significant loss of specialized personnel are most undesirable—loss of continuity, efficiency, and cohesion which can not be easily reestablished. As an example, the two scientists currently supervising the long-awaited study of radio-frequency and micro-radiation effects will probably leave NIOSH because of the proposed move. The harm caused by their departure at this critical juncture in the development of the study is incalculable.

The actual cost of relocating NIOSH headquarters has not been clearly established. Various estimates range from $1.7 million to $16 million. The General Services Administration reports that the cost of moving each individual employee alone would amount to approximately $20,000 per person. A complete accounting should include hidden costs such as severance pay and renegotiation of contractual arrangements. Furthermore the costs should include as an assessment of the training needs associated with a wholesale restaffing of the Institute.

An important factor to be considered with regard to cost relates to the projected savings claimed by CDC for moving NIOSH. Essentially the "duplication" which CDC officials speak of eliminating means the deterioration of NIOSH itself. By not replacing the vast majority of employees who have indicated they will not accompany their jobs to Atlanta or Cincinnati CDC may achieve a paper savings. What they will have accomplished in reality is a solution to their own personnel ceiling problems by reducing NIOSH staff. However, as the record reflects, it seems unlikely that CDC itself can continue the work of NIOSH with its current level of achievement.

There is another cost factor to be considered. The criteria documentation development which is at the core of the NIOSH mission requires a wide range of interagency consultation. Most notably, EPA, OSHA, CPSC, and NIH are contacted on an almost daily basis in a manner mutually facilitating the operation of those agencies and NIOSH. Specifically, the previously cited report on radio-frequency and micro-radiation has necessitated intensive cooperation with the Bureau of Radiological Health. This is just one example of the importance of maintaining proximity to numerous federal agencies which work closely with NIOSH.

If the Institute is moved the government will have to bear the cost of travel associated with over 1000 trips NIOSH employees make yearly to other agencies in the Washington Metropolitan area or the very important work of criteria documentation will suffer immeasurable harm. It is not sufficient, or even accurate, to say that increased telephone communication can take the place of personal contact. From my own experience I know this is an unsatisfactory substitute, but particularly in the case of NIOSH where the examination of physical evidence and data in a collegial setting is so valuable, telephone contact is a poor alternative.

I would like to address briefly the effect this move will have on NIOSH employees. I consider government service to be an honorable and important calling. It is apparent that the majority of employees in NIOSH will not accompany the Institute in its move. This is understandable when one considers the human costs for the individual in terms of disruption of families and homes. What is particularly disturbing is that there is such slight justification for the relocation and employees are more aware of this than anyone. Such disregard for the welfare of employees as has been exhibited here can only serve to make it more difficult to attract and retain individuals of quality into the Federal Government.

Finally the burden of justification for this move has not been met. The work of promoting health and safety in the workplace can only be retarded by the relocation of the National Institute of Occupational Safety and Health. That is why I have joined with my colleagues, Congressman Barnes and Congressman Hoyer, in opposing this move. I would urge the members of this Subcommittee to take any appropriate action to prevent the relocation of NIOSH from taking place.

Mr. GAYDOS. Mr. Hoyer.

STATEMENT OF HON. STENY H. HOYER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. HOYER. Mr. Chairman, I would, like Senator Sarbanes, want to join in commending not only this committee for holding hearings but commend Congressman Barnes for initiating the action which has led to these hearings and for the diligent work that the task force and his staff have done in bringing to light some of the issues which we believe are very important to the proposals that have been made.

I personally appreciate the opportunity to address the members of this committee to express my opposition to the announced plan to move the National Institute of Occupational Safety and Health [NIOSH] into the Atlanta Headquarters for Disease Control.

I am opposed to the swiftness in the move, the unclear reasoning behind the move and the economic unsoundness of the move.

On June 22, 1981, NIOSH employees were informed that they would be under new leadership and in a new headquarters. Administrative efficiency was the sole reason given for the move.

Less than 5 months later, if plans are not disrupted, this proposed move from the current headquarters in Rockville, Md., will become a realty. NIOSH will become a dichotomy: 50 employees, working out of Cincinnati, Ohio, will continue to set criteria and develop standards; 107 employees working out of Atlanta, Ga., will continue to tend to matters of personnel, finance, grants, coordination with other agencies, coordination with interest groups and congressional relations.

This senseless and unprovoked operation will cost the Government an estimated $4 million, almost 5 percent of the agency's budget.

If NIOSH was not operating efficiently, this additional expense could be justified. If NIOSH had reached a standstill in its research, if its investigative results had diminished, a change would be welcome and the benefits would exceed the costs in a few short years.

But we do not have before us an institution lacking in productivity or experiencing administrative inefficiency. Nor do we have an agency that is begging for change.

If the proposed move is brought to fruition, NIOSH will quickly become a service of the past. It will be swallowed within the bureaucracy of the Centers for Disease Control whose objectives center around combating infectious diseases. NIOSH has been self-autonomous throughout its career. Such a drastic change will certainly lead to its inevitable downfall.

Change for the sake of change is not only uneconomical, it is senseless. Mr. Chairman, I am not only opposed to this move, but to the entire series of precipitant moves that appear to be the standard mode of operation for many agencies.

I might add, obviously NIOSH itself is not within my district. It is directly represented by Congressman Barnes and by Senator Sarbanes. However, there appears to me to be a pattern throughout our area and in many areas of the country, of moves similar to the one that has been proposed here.

I feel that in-depth studies of the cost-effectiveness of each move is imperative; such action goes hand-in-hand with a budget-conscious administration. Repercussions of agency moves, including the uprooting of families and possible reductions in force, should be a major factor in the final decision.

Thank you, Mr. Chairman. I do hope the members of the committee will weigh all factors in this move and other ill-advised moves.

Mr. GAYDOS. On behalf of the committee, I wish to congratulate you for a fine statement. Thank you for your presence.

[The prepared statement of Congressman Hoyer follows:]

PREPARED STATEMENT OF HON. STENY H. HOYER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

NIOSH MOVE

Mr. Chairman, members of the subcommittee, I appreciate the opportunity to address the Members of this Committee to express my opposition to the announced plan to move the National Institute of Occupational Safety and Health (NIOSH) into the Atlanta headquarters for Disease Control. I am opposed to the swiftness in the move, the unclear reasoning behind the move and the economic unsoundness of the move.

On June 22, 1981 NIOSH employees were informed that they would be under new leadership and in a new headquarters. "Administrative efficiency" was the sole reason given for the move. Less than five months later, if plans are not disrupted, this proposed move from the current headquarters in Rockville, Maryland, will become a reality. NIOSH will become a dichotomy: 50 employees, working out of Cincinatti, Ohio, will continue to set criteria and develop standards; 107 employees, working out of Atlanta, Georgia, will continue to tend to matters of personnel, finance, grants, coordination with other agencies, coordination with interest groups and congressional relations. This senseless and unprovoked operation will cost the Government an estimated $4 million, almost 5 percent of the agency's budget.

If NIOSH was not operating efficiently, this additional expense could be justified. If NIOSH had reached a standstill in its research, if its investigative results had diminished, a change would be welcome and the benefits would exceed the costs in a few short years. But we do not have before us an institution lacking in productivity or experiencing administrative inefficiency. Nor do we have an agency that is begging for change.

If the proposed move is brought to fruition, NIOSH will quickly become a service of the past. It will be swallowed within the bureaucracy of the Center for Disease Control whose objectives center around combatting infectious diseases. NIOSH has been self-autonomous throughout its career. Such a drastic change will lead to its inevitable downfall.

Change for the sake of change is not the only uneconomical it is senseless. Mr. Chairman, I am not only opposed to this move, but to the entire series of precipitant moves that appear to be the standard mode of operation for many agencies. I feel that in-depth studies of the cost-effectiveness of each move is imperative; such action goes hand-in-hand with a budget-conscious administration. Repercussions of agency moves, including the uprooting of families and possible reductions in force, should be a major factor in the final decision.

Thank you, Mr. Chairman. I do hope the Members of the Committee will weight all factors in this move and other ill-advised moves.

Mr. JOHNSTON. May the statement of Senator Sam Nunn of Georgia be inserted in the record.

Mr. GAYDOS. Without objection, it is so ordered.

[The prepared statement of Senator Nunn follows:]

PREPARED STATEMENT OF HON. SAM NUNN, A U.S. SENATOR FROM THE STATE OF GEORGIA

Mr. Chairman and distinguished members of the Subcommittee on Health and Safety. I am pleased to submit for the hearing record this statement of wholehearted support for the decision to move the headquarters of the National Institute for Occupational Safety and Health (NIOSH) to Atlanta, Georgia.

I believe two major factors augur in favor of this decision. First, it represents a sound investment in the future of NIOSH and better occupational health services for millions of American workers. Second, it saves an estimated $1.5 million a year now consumed by duplicative functions performed by management and staff in Rockville and Atlanta.

CDC's basic mission is to improve the quality of life by preventing unnecessary illness and death, and its record in fulfilling that mission is unparalleled. CDC occupies a unique position in our national and world health systems. It has provided technical and epidemiologic leadership leading to major breakthroughs in disease control.

Since occupational safety and health figure so prominently in the quality of life enjoyed by American workers, it is important that efforts to impove the health and safety of workers be effectively integrated at all levels. NIOSH will benefit greatly from better being able to draw on CDC's scientific and programmatic expertise. This increased interaction in the areas of environmental health, health education and promotion, state and local liaison and disease surveillance will lead to far better utilization of both CDC and NIOSH personnel. The NIOSH employee will also achieve greater job satisfaction from participation in this coordinated and unified approach to preventive health.

The goals of CDC and NIOSH lie at the end of the same road, and it makes good sense that they should travel that road together.

A strong case can also be made that this move produces longterm cost savings as management, administrative and technical activities are consolidated within CDC's structure which will more than offset the initial expense of the move. Duplicate administrative and staff services have been maintained in Rockville and Atlanta. Consolidating and trimming these services and those in Cincinnati while taking advantage of the lower office rental rates in Atlanta will save the taxpayer an estimated $1.5 million annually. In a time of concerted efforts to reduce federal spending, it is essential that valuable health resource dollars be spent in the most efficient manner, and I believe this decision reflects the Administration's commitment to this idea.

It seems clear, Mr. Chairman, that this one-time expense of $1.76 million incurred in moving people and equipment to Atlanta will be recouped in tangible terms by the elimination of duplicative services and facilities and in intangible terms by strengthened efforts to improve occupational health and safety and by increased employee satisfaction in an improved work product.

The State of Georgia is fortunate to have the national headquarters for the Centers for Disease Control located in Atlanta, and we will be equally proud to have NIOSH located there. The $1.76 million cost of the move is a wise investment in preventive health and in the occupational health and safety of millions of American workers.

Mr. **Kramer**. Let me address this to whoever would care to answer.

I am new to the health and safety business but one of the things that has struck me in the short time I have been on this subcommittee is that perhaps NIOSH is misplaced in health and human service. It is basically a research arm, as I understand it. It provides research information to the Mine Safety and Health Administration [MSHA] and OSHA for their utilization in formulating regulations.

Incidentally, the impact of NIOSH recommendations is not really in a parallel course for MSHA and OSHA in that the recommendations to OSHA are purely advisory in nature. OSHA is free either to ignore them or to consider them or take action upon them or incorporate them in regulatory framework, whereas, in the case of MSHA they are somewhat mandatory in their impact in that MSHA is required to consider the recommendations of NIOSH and to take certain actions in accordance with the recommendations that NIOSH provides for MSHA.

So their impact on those two agencies is not quite parallel although the basic purpose is still to provide research information upon which to formulate regulations and standards.

In terms of efficiency, my thoughts have run that perhaps NIOSH ought to be transferred to the Department of Labor, either split and made part of and incorporated within MSHA and OSHA depending on the regulatory type of research they are doing, or perhaps kept intact and in toto; but if they are truly a research arm to serve these two regulatory agencies perhaps it would be better with some independence in the Department of Labor.

I have asked David Stockman to hold up on this move pending these considerations of some of those issues. I have not yet gotten a reply to my letter asking him about these things or to consider some other alternatives.

Do any of you have any feelings on whether we ought to pursue that kind of perhaps transfer with any seriousness or that whether or not there is any merit to considering that proposal? Perhaps if you have not had an opportunity to think about the issue maybe you would rather not answer now and maybe submit something for the record if you want time to consider it.

We will be happy to have your input on that.

Mr. **Barnes**. I think you raised some questions that ought to be asked before we split this agency up in the manner that has been proposed. I am pleased to hear about your letter to OMB raising these questions. These are precisely the kinds of questions that it seems to me that at least in part have to be answered before the decision is made to split this agency and to cease a lot of the important work that is underway there.

I have not personally looked at the proposals that you have outlined but, again, they raise serious questions and they are precisely the type of issue that I think the three of us have indicated need to be addressed before such a move is made.

There may be much more logical actions to be taken but the precipitous way in which the decision seems to have been made to move this agency to Cincinnati and to Atlanta has made it impossible to address this question so I hope OMB is responsive to your letter and that it gives all of us and those on this committee, particularly, the opportunity to address those concerns.

Senator **Sarbanes**. The approach you suggested, Congressman Kramer, raises other possibilities. Perhaps NIOSH should be made a part of the National Institutes of Health. I am suggesting that as another possibility to be considered and therefore underscoring the precipitous nature of this move.

The other point that is extremely important is that this is a highly professional competent organization. If you go through the resumes of the staff of NIOSH they are enormously impressive. You are talking about highly trained, extremely competent professional people and they have put together a first rate team. The breakup of that team, I think, has very serious implications for the effective carrying out of public policy.

Mr. **Hoyer**. I would like to respond. It seems to me whatever the answers to those questions that you have posed, Congressman Kramer, to OMB, whatever alternatives they ultimately believe are correct, I do not think that the move will be supported in any event. I think that is the key question. I think your request to OMB that the move be held up pending further investigation is ceratinly in concert with what we are asking for here this morning.

Thank you very much.

Mr. GAYDOS. Again, thank you for your appearance.

Congressman Barnes informed the committee that due to a prior engagement he had to leave immediately, so at this time I will introduce the next panel. Panel No. 2 consisting of Mr. Kenneth T. Blaylock, national president of AFGE; Joseph E. Cook, Jr., president of local 41, AFGE, and Darlene Christian, vice president of local 41, AFGE.

Would the panel approach the witness table.

Mr. COOK. Thank you for this opportunity to appear. President Blaylock, I believe, expected to be testifying at 11 o'clock today so his testimony will be placed in the record and the committee already has a copy of his testimony.

Mr. GAYDOS. If it would be in accordance with all involved, we will move to the next group if you want to wait. We will not force you to testify at this time.

At this time since we have Dr. Brandt here, we can excuse you if you would be so kind as to remain in the room until Mr. Blaylock appears.

At this time the committee will call Dr. Edward N. Brandt, Jr., Assistant Secretary for Health, Department of Health and Human Services.

Doctor, before you proceed in the manner that best suits your purposes, would you identify for the committee those individuals accompanying you—their official titles.

[The prepared statement of Edward Brandt follows:]

PREPARED STATEMENT OF EDWARD N. BRANDT, JR., M.D., PH. D., ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman and members of the Subcommittee. I am here today to speak to the question of the transfer of certain functions of the National Institute for Occupational Safety and Health (NIOSH) from Rockville to Atlanta and Cincinnati.

First, let me put the discussion of the NIOSH transfer into proper perspective. At present, nearly 60 percent of NIOSH positions are in Cincinnati; nearly 25 percent are in Morgantown and less than 18 percent are in Rockville. The NIOSH functions which are the subject of our discussions today are those in Rockville. It is these functions, and these functions alone, which are to be transferred. The great majority of NIOSH positions will remain exactly where they are.

The decision to relocate the NIOSH headquarters from the Washington area to Atlanta and the Division of Criteria Documentation and Standards Development to Cincinnati was reached only after careful consideration of the advantages and disadvantages of such moves. The decision to transfer these functions was made solely on programmatic grounds.

The mission of CDC is to prevent unnecessary illness and death and to improve the quality of life. CDC's experience and record in leading major programs to prevent and control health problems is well known. CDC is concerned about diseases and other health hazards that represent problems to the public at large. The agency responds to epidemics and to environmental emergencies, and undertakes investigations of unusual disease or other health problems. In short, CDC is concerned about the causes, distribution, and control of health problems in the community, in the workplace, and in the schools.

Before discussing the decision, I would like to share some background information with you. Questions about the physical location of all or parts of NIOSH are not new. Since the Centers for Disease Control (CDC) was designated in 1973 as a principal operating agency of the Public Health Service with NIOSH as one of its major components, the issue has been raised a number of times.

Early on, consideration was first given to moving all of NIOSH to the Atlanta area and housing it in facilities that had been used by the Lockheed Aircraft Corporation. More recently the issue was examined by my predecessor, Dr. Julius B. Richmond; the former Director of the National Institutes of Health, Dr. Donald Fredrickson; and the Director of CDC, Dr. William Foege, who is with me today. One of the general issues of concern at that time was how to better strengthen the role of NIOSH and the CDC as the Department moved to expand its environmental health activities.

Since that time a number of steps have been taken to address this concern. The Public Health Service has created the National Toxicology Program to deal with the issue of toxicologic testing; the Centers for Disease Control has been designated as the lead agency in the Department for responding to environmental health emergencies, an Executive Committee of the Committee to Coordinate Environmental and Related Programs (CCERP) has been formed with Dr. Foege as its chairman to address environmental health policy issues in the Department; and through both formal and informal efforts, NIOSH and OSHA are now working together effectively. On this last point, I can assure you that I intend to maintain that relationship.

Following upon these major changes, it became clear that we were at a stage to again examine the NIOSH mission and to determine how their basic scientific and technical program expertise could best contribute to the expanding Departmental role in environmental health programming.

As a further background, let me also explain how the issue most recently developed. In its first form, the question about NIOSH location arose as a response to budget reductions which were part of this Administration's efforts to bring the economy back into balance. To meet these reductions NIOSH initially proposed and CDC initially supported closure of the research facility in Morgantown.

It has since been determined that NIOSH could achieve the required savings through attrition. Dr. Foege withdrew his support of the original proposal, which would have dismantled the Appalachian Laboratory for Occupational Safety and Health in Morgantown, and recommended that we consider transferring the administrative/management headquarters now located in the D.C. area. In essence, we were in a position to consider the NIOSH location issue independent of the budget action which had originally given rise to the question. Although resources are, of course, a consideration, our decision was based primarily on programmatic considerations.

The transfer of functions will require movement of 89 permanent full-time employees to Atlanta. These employees are primarily engaged in administrative/clerical functions (68 percent) but also include the scientific and program leadership in the Office of the Institute Director. Another 49 permanent full-time employees will be transferred to Cincinaati. These employees are in the Division of Criteria Documentation and Standards Development (DCDSD).

There are numerous programmatic reasons for this transfer. Our programmatic concerns fail into two major categories: (1) strengthening the scientific/technical base of the Institute and (2) strengthening its administrative and program management functions.

STRENGTHENING SCIENTIFIC/TECHNICAL BASE

1. The principal management staff of NIOSH, with responsibility for research targeted at defining occupational safety and health problems and developing solutions to prevent or control these problems, has been isolated physically from the epidemiologic and technical leadership of the Centers for Disease Control. We are convinced that the scientific and technical base of NIOSH will be strengthened by locating the headquarters where there can be greater policy coordination between the leadership and programs of CDC and NIOSH.

2. There are particular programs and responsibilities within CDC where increased interaction will benefit NIOSH. CDC's Center for Environmental Health (CEH) is the principal organization of the Public Health Service charged with protecting the health of the general public from environmental hazards. NIOSH is the principal PHS organization charged with protecting our nation's workforce against environmental hazards.

3. A major new thrust in occupational safety and health is health education and promotion, encouraging the widespread availability of information and services which help individuals to improve their own health status. A major program of the Centers for Disease Control is its Center for Health Promotion and Education. Bringing leadership together will enable both to share opportunities that will have cumulative beneficial effects both for the worker and the rest of the population.

4. CDC has been designated as the lead agency within the Public Health Service for implementing the Department's responsibilities under the Superfund Act. Again, close policy coordination between the parties involved in carrying out interrelated responsibilities in this area were considered in this transfer. Both CEH and NIOSH have major roles in implementing this Act which will be markedly facilitated by the physical proximity of these programs.

5. CDC's long involvement with official health agencies has produced enormous gains in disease control through Federal/State cooperation. Little has been done in the occupational field to bring State health expertise to bear on this problem. With NIOSH Headquarters in Atlanta the CDC's expertise in dealing with State health agencies will be available to NIOSH on a regular basis.

6. CDC is the nation's principal repository for disease surveillance systems. NIOSH headquarters in Rockville, which mandages nationwide surveillance activities, is separated now from that expertise. This transfer will correct that problem and enhance NIOSH and CDC surveillance activities.

STRENGTHENING ADMINISTRATIVE AND PROGRAM MANAGEMENT

1. NIOSH has been a component of the Centers for Disease Control since 1973. Because its headquarters operation is located in Rockville, NIOSH has maintained duplicate administrative staff capabilities. By locating the NIOSH headquarters in Atlanta we will be able to consolidate certain administrative activities with the rest of CDC. This consolidation can produce considerable savings in the long run, but most importantly it will strengthen the Institute's administrative management by integration with the strong administrative services which have characterized CDC over the years.

2. By placing NIOSH headquarters with its parent agency's headquarters we expect even greater support for NIOSH programming, resulting from the direct, day-to-day interaction with CDC leadership. One of the criticisms that has been made publicly by a former NIOSH Director is that CDC did not provide enough leadership and guidance. This move literally places the responsibility on Dr. Foege's doorstep.

TRANSFER DCDSD TO CINCINNATI

Combining the Division of Criteria Documentation and Standards Development in Rockville with the Division of Technical Services in Cincinnati was studied and planned by NIOSH even before the decision to transfer headquarters functions. Transfer of the functions and people to Cincinnati followed logically. The most important contacts for developing scientific position statements are contacts between the persons developing the document and the scientist responsible for similar scientific work. Most of NIOSH's research scientists are in Cincinnati; the rest are in Morgantown. In order to get the best scientific base for their recommendations, the document managers who are now assigned in Rockville should be in daily contact with these research scientists.

However important contacts with OSHA and other agencies in Washington may be, the transcending need is to assure that the best available science is involved in the preparation of these recommendations. This demands that the document developers spend their time as much as possible with informed scientists. It simply makes good sense to relocate that Division to Cincinnati with the largest concentration of NIOSH scientists and technical experts.

A small capable staff will be available in the CDC/Washington office to assure continuing contacts with other agencies as needed.

LONG TERM COST SAVINGS

Despite the initial/one time cost of effecting the NIOSH headquarters transfer, we anticipate long term cost savings by this decision. Through the elimination of duplicative functions now performed separately by management, administrative, and technical staff in Atlanta and Rockville, by consolidating the staff of the Division of Criteria Documentation and Standards Development, and by streamlining the conduct of administrative functions, we estimate that we will be able to save upwards of $1.5 million annually in the performance of these headquarters functions.

NIOSH has allocated more than 180 permanent and more than 40 part-time or temporary positions for the performance of the Rockville activities. We expect significant reductions in the number of positions that will need to be allocated for these functions. Some of these savings can result in an increase in positions to be allocated for scientific and programmatic efforts.

We will achieve some savings in rental costs since the staff to be moved to Cincinnati can be accommodated in available space. In Atlanta the number of square feet that will need to be rented will be less, and we will be able to get it at a slightly reduced cost per square foot.

HOW WE ARE MEETING THE DRAWBACKS

Despite these numerous and important advantages that are expected there are certain drawbacks in transferring the NIOSH from the Rockville area.

LIAISON

One of the most significant groups with which NIOSH must relate is this Committee and the other Congressional Committees with jurisdiction over NIOSH program efforts. Let me assure you that the NIOSH legislative function will remain in Washington with the CDC Washington Office, and that appropriate management and scientific personnel will continue to be available to work with the Congress.

Many other Federal agencies, labor organizations, industrial associations and other groups which interact with Institute personnel are also located in the Washington area.

Most contacts with labor and industrial associations are by phone or by appointment with members of the headquarters staff to discuss particular problems involving policy questions on the interpretation of the findings of NIOSH. Rarely do they involve emergencies or urgent problems. There seems little reason to retain NIOSH headquarters in Washington to serve these needs.

In considering relationships with other governmental organizations, one should first list the principal contacts. These include the Occupational Safety and Health Administration, the Mine Safety and Health Administration, the Environmental Protection Agency, the Consumer Product Safety Commission, and the Interagency Regulatory Liaison group. Within PHS the principal agencies involved are the National Institutes of Health and the Food and Drug Administration. Some important contacts such as NIH's National Institute for Environmental Health Sciences are located away from Washington. CDC's other Centers, especially the Center for Environmental Health, carry on liaison with an almost identical list of agencies. Frequently at meetings of common interest there is now a representative from NIOSH and a representative from an Atlanta based activity.

The history of CDC as an agency does not suggest that it has been negligent or ineffective in its interagency liaison. In fact, its success in this area has resulted in its being named the PHS lead agency in coordinating emergency responses to environmental health crises and other health emergencies. Travel between Atlanta and the Washington area will be required to participate in meetings and attend hearings. However, this is hardly justification to retain NIOSH in Washington on the basis of the need for interagency contacts when CDC has demonstrated its clear capability for arranging such liaisons from Washington for all its other programs.

PEOPLE RELOCATION/OUTPLACEMENT

A serious drawback, one which is common to any geographical relocation, is the impact on our employees. This factor was thoroughly considered before making the decision to transfer functions from the Rockville area. We are taking several steps to alleviate some of the problems which individual employees may face:

1. We are prepared to forego immediate economies and are offering positions in Atlanta and Cincinnati to all of the permanent employees.
2. A national relocation service has been called in to provide real estate assistance in Rockville, Cincinnati, and Atlanta; to provide assistance to spouses in locating jobs; and to introduce transferring employees to the characteristics of Atlanta and Cincinnati.
3. We have established an intensive outplacement effort to assist those employees who choose not to transfer to Atlanta or Cincinnati. CDC personnel have been actively seeking potential placement opportunities both in Federal agencies and through placement services in the private sector. These efforts have been rewarded particularly for placing clerical support and other support personnel in the budget, contracts, computer, and program analyst areas.

The National Institutes of Health has informed us that they probably would be able to place NIOSH clerical and secretarial employees who applied for employment with them through a special referral process.

The National Security Agency (NSA), located in Fort Meade, Maryland, informed us that they have vacancies consisting of scientific, support, and clerical positions and are willing to work closely with us to place our employees. A NSA recruiter met with NIOSH employees on July 14, and NSA officials stated in that meeting that they would expedite the NIOSH applications so that job offers could be made by mid-September.

The Federation of American Societies of Experimental Biologists (FASEB) placement service located in Bethesda, Maryland, has made arrangements to register appropriate NIOSH employees in order to provide vacancy information in the Washington area.

Let me assure you that every effort has been made by CDC to insure that this decision is fairly and appropriately implemented. Exclusive recognition was granted recently to AFGE Local 41. Union officials were notified immediately after my announcement and to this time the union has been notified of actions and decisions promptly. We are working with them on appropriate matters relating to implementation of the move and impact on employees.

It is our desire to have as many people as possible relocate. Mr. William C. Watson, the Deputy Director of CDC, met with all NIOSH Rockville employees about four weeks ago. At this meeting he made a personal pledge to the employees for fair treatment, preservation of grade, and as smooth a transition as could be effected. In this regard, he invited individual employees to call on him or Dr. Foege personally if problems arose in these areas. In addition, Dr. Foege has pledged to become personally involved in the placement of employees who are unable to find employment and do not wish to transfer.

DISRUPTION OF PROGRAM

With any transfer of functions, a program can expect to experience some disruption. Our implementation planning is being developed with the aim of minimizing any such disruption. We have formed a task force to deal with policy questions related to the transfer of people and programs, to approve implementation plans, and to monitor the progress of the move. In addition, we have established an implementation task force to oversee the planning and implementation of the move. Dr. Donald Millar, the new Director of NIOSH, has set up a transition office in Atlanta to assist in the conduct of NIOSH business during the next several months. Additionally we will be moving those employees who are willing and whose jobs will permit in advance of the officially scheduled transfer date.

It is important to keep in mind that the activities which may experience temporary disruption are those related to the overall program direction and administrative management of the Institute. The directed research, the health hazard evaluation activities, and the other scientific technical functions that are the basis of the NIOSH mission are carried out in Cincinnati and Morgantown. The vast majority of the Institute's scientific and technical personnel are in Cincinnati and Morgantown. There are no laboratory functions or special experimental or testing activities that require special purpose space in Rockville. Thus, we are not facing some of the major obstacles to a smooth transition which might be expected in the relocation of a scientific/technical organization.

4. Initial costs. There obviously will be initial costs of moving NIOSH headquarters staff to Atlanta and Cincinnati. We estimate that it would cost less than $1.8 million to transfer all employees and their personal belongings, move office furniture and equipment, and provide transition period travel. Although these costs are considerably less than reported by the media, we do not take them lightly. If we assume that only half the employees will make the move, the estimated cost would be less than $1.15 million after adjusting for factors such as severance pay and unemployment compensation costs. The initial cost has to be weighed against the significant and numerous long term benefits that we feel are essential to the future effectiveness of CDC and NIOSH to carry out our larger prevention mission.

DIRECTOR OF NIOSH

The news media have reported that the decision to relocate NIOSH to Atlanta was made for the convenience of Dr. J. Donald Millar who has been appointed Director of the Institute. Let me say that I do not, nor does the Secretary, make management decisions for such reasons. Dr. Millar was offered the Directorship of NIOSH only after the decision to transfer its headquarters location had been made. The Secretary and I welcome a person of Dr. Millar's experience and stature in prevention to this important assignment.

Mr. Chairman, this concludes my formal testimony. I will be pleased to try to answer any additional questions you may have.

STATEMENT OF EDWARD N. BRANDT, JR., Ph. D., ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY DR. DONALD MILLAR, DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH; DR. WILLIAM FOEGE, DIRECTOR, CENTERS FOR DISEASE CONTROL; AND WILLIAM WATSON, DEPUTY DIRECTOR

Dr. **Brandt**. Thank you, Mr. Chairman.

To my left, Dr. Donald Millar, Director of the National Institute for Occupational Safety and Health. To my immediate left, Dr. William Foege, Director of the Centers for Disease Control, and to my right Mr. William Watson, Deputy Director of the Centers for Disease Control.

Mr. Chairman, members of the subcommittee.

I am here today to speak to the question of the transfer of certain functions of the National Institute for Occupational Safety and Health [NIOSH] from Rockville to Atlanta and Cincinnati.

First, let me put the discussion of the NIOSH transfer into proper perspective. At present, nearly 60 percent of NIOSH positions are in Cincinnati; nearly 25 percent are in Morgantown and less than 18 percent are in Rockville.

The NIOSH functions, which are the subject of our discussions today, are those in Rockville. It is these functions, and these functions alone, which are to be transferred. The great majority of NIOSH positions will remain exactly where they are.

Mr. **Gaydos**. We have Senator Mathias here. He has a very short statement. Remain at the table and I would like to put the Senator on.

[The prepared statement of Senator Mathias follows:]

PREPARED STATEMENT OF HON. CHARLES McC. MATHIAS, JR., A U.S. SENATOR FROM THE STATE OF MARYLAND

I appreciate the opportunity to submit testimony to the House of Representatives Subcommittee on Health and Safety on the proposed move of the National Institute for Occupational Safety and Health (NIOSH) from Rockville, Maryland, to Atlanta, Georgia and Cincinnati, Ohio.

As the United States Senator representing the majority of the affected employees, I am concerned about the needless disruption of the workers' lives. The prospect of moving to another city or making the decision to stay in the area and seek employment elsewhere is trying even in the best of economic times. Consideration of spouses' careers, pulling children out of schools and leaving community and family are difficult factors to consider even when a relocation is justified. However the conditions surrounding this proposed facility move indicate the opposite.

Aside from my parochial interest in wanting to keep NIOSH in Maryland, a compelling case can be made that this move is wrong.

First, the cost of moving the administrators and scientists of NIOSH's Rockville facility seems an unnecessary expense in these times of tight budgets and program cutbacks. Cost estimates range as high as $16 million for the move to Atlanta and Cincinnati. Severance pay for workers not wanting to move, government financed house hunting trips for those who do move, moving expenses for the employees and the offices, and the acquisition of space in the two new cities are examples of the costs involved.

Second, the mission of NIOSH will be adversely affected. Since its creation, NIOSH has been charged with providing evaluations of hazards found in the workplace and conducting research into occupation diseases such as cancer and respiratory illness. To do this, NIOSH components have to work closely with and be in close proximity to the National Institutes of Health. We are just now beginning to learn about the health dangers found on the job. By moving NIOSH away from NIH, we will hinder that effort.

Third, for NIOSH to fulfill its mandate it must be located in the Washington Metropolitan area. It must not only work actively with NIH but with other agencies headquartered in the Capital region, such as the Environmental Protection Agency and the Occupational Safety and Health Administration. In Fiscal Year 1981, estimates show that NIOSH headquarters staff will attend over 1100 meetings with Federal agencies and private organizations in the Washington area. If a move does take place, the travel budget to meet these obligations alone would be staggering.

Fourth, the dilution of NIOSH's role by locating it physically with the Center for Disease Control (CDC) would send the wrong signal to the American worker. It would suggest that we, in government, are not concerned about health safety in the workplace.

NIOSH to perform its mission effectively under the rubric of CDC has been questioned for many years. In 1973, Senators Jacob Javits, Harrison Williams and Robert Taft, Jr., wrote to then Secretary of Health, Education and Welfare Casper Weinberger to say that placing NIOSH under the CDC was contrary to Congressional intent and to suggest instead that NIOSH be expanded. A relocation now would further erode NIOSH's ability to perform its vital role.

Fifth, transfer of NIOSH may constitute a reorganization and not just a physical move. Certain functions now performed by NIOSH may be transferred to the CDC or other agencies. If this is the case, a reorganization plan pursuant to 5 U.S.C. sections 901-912 may be required.

Clearly, the relocation of NIOSH would be counterproductive. The Department of Health and Human Services has yet to make the case that this proposal will enhance NIOSH's operation, provide better occupational health data or be cost effective.

Mr. Chairman, I hope you will raise the points mentioned in my testimony with the witnesses from the Department of Health and Human Services. Other questions the Committee may wish to pursue include: the possibility of a reduction-in-force when the employees reach Atlanta; how much thought and study was given to the move; and why interested government officials, community leaders and employees were not notified in advance?

I appreciate the opportunity to present this testimony and stand ready to help in any way to prevent the unwarranted relocation of the National Institute for Occupational Safety and Health Headquarters.

STATEMENT OF HON. CHARLES McC. MATHIAS, A U.S. SENATOR FROM THE STATE OF MARYLAND

Senator MATHIAS. Mr. Chairman, you are extremely kind. I don't like to interrupt the testimony of the witnesses. We had a rollcall vote in the Senate which delayed me.

I appreciate the opportunity to submit testimony to the House of Representatives' Subcommittee on Health and Safety on the proposed move of the National Institute for Occupational Safety and Health [NIOSH] from Rockville, Md., to Atlanta, Ga., and Cincinnati, Ohio.

As the U.S. Senator representing the majority of the affected employees, I am concerned about the needless disruption of the workers' lives. The prospect of moving to another city or making the decision to stay in the area and seek employment elsewhere is trying even in the best of economic times.

Consideration of spouses' careers, pulling children out of schools and leaving community and family are difficult factors to consider even when a relocation is justified. However, the conditions surrounding this proposed facility move indicate the opposite.

Aside from my parochial interests in wanting to keep NIOSH in Maryland, a compelling case can be made that this move is wrong.

First, the cost of moving the administrators and scientists of NIOSH's Rockville facility seems an unnecessary expense in these times of tight budgets and program cutbacks. Cost estimates range as high as $16 million for the move to Atlanta and Cincinnati.

Severance pay for workers not wanting to move, government-financed house hunting trips for those who do move, moving expenses for the employees and the offices, and the acquisition of space in the two new cities are examples of the costs involved.

Second, the mission of NIOSH will be adversely affected. Since its creation, NIOSH has been charged with providing evaluations of hazards found in the workplace and conducting research into occupational diseases such as cancer and respiratory illness.

To do this, NIOSH components have to work closely with and be in close proximity to the National Institutes of Health. We are just now beginning to learn about the health dangers found on the job. By moving NIOSH away from NIH, we will hinder that effort.

Third, for NIOSH to fulfill its mandate it must be located in the Washington metropolitan area. It must not only work actively with NIH but with other agencies headquartered in the Capital region, such as the Environmental Protection Agency and the Occupational Safety and Health Administration.

In fiscal year 1981, estimates show that NIOSH headquarters staff will attend over 1,100 meetings with Federal agencies and private organizations in the Washington area. If a move does take place, the travel budget to meet these obligations alone would be staggering.

Fourth, the dilution of NIOSH's role by locating it physically with the Center for Disease Control [CDC] would send the wrong signal to the American worker. It would suggest that we, in government, are not concerned about health and safety in the workplace.

NIOSH, to perform its mission effectively under the rubric of CDC, has been questioned for many years. In 1973, Senators Jacob Javits, Harrison Williams, and Robert Taft, Jr., wrote to then Secretary of Health, Education, and Welfare, Caspar Weinberger, to say that placing NIOSH under the CDC was contrary to congressional intent and to suggest instead that NIOSH be expanded. A relocation now would further erode NIOSH's ability to perform its vital role.

Fifth, transfer of NIOSH may constitute a reorganization and not just a physical move. Certain functions now performed by NIOSH may be transferred to the CDC or other agencies. If this is the case, a reorganization plan pursuant to 5 U.S.C., sections 901-912 may be required.

Clearly, the relocation of NIOSH would be counterproductive. The Department of Health and Human Services has yet to make the case that this proposal will enhance NIOSH's operation, provide better occupational health data or be cost effective.

Mr. Chairman, I hope you will raise the points mentioned in my testimony with the witnesses from the Department of Health and Human Services.

Other questions the committee may wish to pursue include: the possibility of a reduction in force when the employees reach Atlanta; how much thought and study was given to the move; and why interested government officials, community leaders, and employees were not notified in advance?

I appreciate the opportunity to present this testimony and stand ready to help in any way to prevent the unwarranted relocation of the NIOSH Headquarters.

Mr. **Gaydos**. Thank you, Senator.

Dr. Brandt.

Dr. **Brandt**. The decision to relocate the NIOSH headquarters from the Washington area to Atlanta and the Division of Criteria Documentation and Standards Development to Cincinnati was reached only after careful consideration of the advantages and disadvantages of such moves. The decision to transfer these functions was made solely on programmatic grounds.

The mission of CDC is to prevent unnecessary illness and death and to improve the quality of life. CDC's experience and record in leading major programs to prevent and control health problems is well known. CDC is concerned about diseases and other health hazards that represent problems to the public at large.

The agency responds to epidemics and to environmental emergencies, and undertakes investigations of unusual disease or other health problems. In short, CDC is concerned about the causes, distribution, and control of health problems in the community, in the workplace, and in the schools.

Questions about the physical location of all or parts of NIOSH are not new. Since the CDC was designated in 1973 as a principal operating agency of the Public Health Service with NIOSH as one of its major components, the issue has been raised a number of times.

Early on, consideration was first given to moving all of NIOSH to the Atlanta area and housing it in facilities that had been used by the Lockheed Aircraft Corp.

More recently the issue was examined by my predecessor, Dr. Julius B. Richmond; the former Director of the National Institutes of Health, Dr. Donald Fredrickson; and the Director of CDC, Dr. William Foege, who is with me today.

One of the general issues of concern at that time was how to better strengthen the role of NIOSH and the CDC as the Department moved to expand its environmental health activities.

Since that time a number of steps have been taken to address this concern. The Public Health Service has created the National Toxicology Program to deal with the issue of toxicologic testing; the CDC has been designated as the lead agency in the Department for responding to environmental health emergencies, an executive committee of the Committee to Coordinate Environmental and Related Programs [CCERP] has been formed with Dr. Foege as its chairman to address environmental health policy issues in the Department; and through both formal and informal efforts, NIOSH and OSHA are now working together effectively.

On this last point, I can assure you that I intend to maintain that relationship.

Following upon these major changes, it became clear that we were at a stage to again examine the NIOSH mission and to determine how their basic scientific and technical program expertise could best contribute to the expanding departmental role in environmental health programing.

Our programmatic concerns fall into two major categories: (1) strengthening the scientific/technical base of the Institute and; (2) strengthening its administrative and program management functions.

STRENGTHENING SCIENTIFIC/TECHNICAL BASE

The principal management staff of NIOSH, with responsibility for research targeted at defining occupational safety and health problems and developing solutions to prevent or control these problems, has been isolated physically from the epidemiologic and technical leadership of the CDC.

We are convinced that the scientific and technical base of NIOSH will be strengthened by locating the headquarters where there can be greater policy coordination between the leadership and programs of CDC and NIOSH.

There are particular programs and responsibilities within CDC where increased interaction will benefit NIOSH. CDC's Center for Environmental Health [CEH] is the principal organization of the Public Health Service charged with protecting the health of the general public from environmental hazards. NIOSH is the principal PHS organization charged with protecting our Nation's work force against environmental hazards.

A major program of the CDC is its Center for Health Promotion and Education.

Bringing leadership together will enable both to share opportunities that will have cumulative beneficial effects both for the worker and the rest of the population.

CDC has been designated as the lead agency within the Public Health Service for implementing the Department's responsibilities under the Superfund Act.

Again, close policy coordination between the parties involved in carrying out interrelated responsibilities in this area were considered in this transfer.

Both CEH and NIOSH have major roles in implementing this act which will be markedly facilitated by the physical proximity of these programs.

With NIOSH headquarters in Atlanta the CDC's expertise in dealing with State health agencies will be available to NIOSH on a regular basis.

CDC is the Nation's principal repository for disease surveillance systems. NIOSH headquarters in Rockville, which manages nationwide surveillance activities, is separated now from that expertise. This transfer will correct that problem and enhance NIOSH and CDC surveillance activities.

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NIOSH has been a component of the Centers for Disease Control since 1973. Because its headquarters operation is located in Rockville, NIOSH has maintained duplicate administrative staff capabilities.

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By placing NIOSH headquarters with its parent agency's headquarters we expect even greater support for NIOSH programing, resulting from the direct, day-to-day interaction with CDC leadership.

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The most important contacts for developing scientific position statements are contacts between the persons developing the document and the scientist responsible for similar scientific work. Most of NIOSH's research scientists are in Cincinnati; the rest are in Morgantown.

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One of the most significant groups with which NIOSH must relate is this committee and the other congressional committees with jurisdiction over NIOSH program efforts.

Let me assure you that the NIOSH legislative function will remain in Washington and that appropriate management and scientific personnel will continue to be available to work with the Congress.

A serious drawback, one which is common to any geographical relocation, is the impact on our employees. This factor was thoroughly considered before making the decision to transfer functions from the Rockville area. We are taking several steps to alleviate some of the problems which individual employees may face:

We are offering positions in Atlanta and Cincinnati to all of the permanent employees.

A national relocation service has been called in to provide real estate assistance.

We have established an intensive outplacement effort to assist those employees who choose not to transfer to Atlanta or Cincinnati.

Union officials were notified immediately after my announcement. We are working with them on appropriate matters relating to implementation of the move and impact on employees.

It is our desire to have as many people as possible relocate. Mr. William C. Watson, the Deputy Director of CDC, met with all NIOSH Rockville employees about 4 weeks ago.

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If we assume that only half the employees will make the move, the estimated cost would be less than $1.15 million after adjusting for factors such as severance pay and unemployment compensation costs.

The initial cost has to be weighed against the significant and numerous long-term benefits that we feel are essential to the future effectiveness of CDC and NIOSH to carry out our larger prevention mission.

The news media have reported that the decision to relocate NIOSH to Atlanta was made for the convenience of Dr. J. Donald Millar who has been appointed Director of the Institute. Let me say that I do not, nor does the Secretary, make management decisions for such reasons.

Mr. Chairman, this concludes my formal testimony. I will be pleased to try to answer any additional questions you may have.

Mr. **Gaydos**. Doctor, NIOSH deals with many other agencies and organizations almost on a daily basis. Before deciding to move NIOSH did you consult with any of the previous directors of NIOSH at all?

Dr. **Brandt**. Yes, sir.

Mr. **Gaydos**. Who did you discuss it with?

Dr. **Brandt**. I consulted with Dr. Marcus Key, former director. He is the only one I discussed it with.

Mr. **Gaydos**. What was the result of that discussion? Do you remember?

Dr. **Brandt**. I remember that discussion. We discussed this move not only with him but with a number of other leaders in occupational medicine. What we are attempting to do is centralize the function of NIOSH. Their people are now in Cincinnati and Morgantown. The headquarters function of the rest of its parent agency is in Atlanta. It was felt if we could bring NIOSH together as much as possible that it would be more effective.

Mr. **Gaydos**. Was there anyone that you had a discussion with who was against the move or suggested counterproposals or that the move was not proper?

Dr. **Brandt**. The only counterproposal that was suggested to me was putting everything in Atlanta.

Mr. **Gaydos**. Of course you did not want to do that.

Dr. **Brandt**. It is expensive to move research staff from Cincinnati down there since we don't have the space.

Mr. Gaydos. When did these discussions take place? Could you give us a date or time?

Dr. Brandt. I can't give you the dates but they occurred in April and May.

Mr. Gaydos. Were you directed to make those discussions by your superior or did you make them of your own volition?

Dr. Brandt. Of my own volition.

Mr. Gaydos. That was on a consultation basis to gather information?

Dr. Brandt. Yes, sir.

Mr. Gaydos. Did you have any discussion with the Occupational Safety and Health Administration or Mine Safety and Health Administration along these lines?

Dr. Brandt. I did not.

Mr. Gaydos. Do you think it should have been essential for you to discuss with them a major move such as this since NIOSH deals so directly with OSHA and MSHA?

Dr. Brandt. I did not at the time; no, sir.

Mr. Gaydos. Do you now?

Dr. Brandt. No, sir.

Mr. Gaydos. Why?

Dr. Brandt. Because I feel that NIOSH is a scientific and technical agency. Its purpose is to develop the hard science and the necessary criteria for evaluation by those two regulatory agencies. I think that that can be done now with telephone communications and other forms of communications effectively.

Mr. Gaydos. Doctor, why would you seek out consultation, discussion with others as you mentioned before, and Dr. Key, former director, and then ignore and not discuss it with anybody in the administration or otherwise, OSHA or MSHA? Why the difference?

Dr. Brandt. Our concern was to attempt to see if we could do something that would assist NIOSH in better realizing its mission. We are concerned about the workers and we are concerned about prevention as the major theme under this administration of the Department of Health and Human Services. That includes, as far as we are concerned, not only prevention of accidents and illness in the workplace but also, I might point out, introduction of preventive measures into the workplace that will lead to better health of the workers totally.

It was our view to look at NIOSH as a mechanism for the scientific development. Therefore, I consulted with people I respect for who would give me advice about strengthening the mission of NIOSH.

Mr. Gaydos. If you did not consult with OSHA and MSHA administrative officials, did you consult with American Industrial Hygiene Association?

Dr. Brandt. No, sir. I did not consult with any other association or Federal agency.

Mr. Gaydos. If I would suggest the American Association of Occupational Medicine you would also consider they should not have been consulted?

Dr. Brandt. I consulted with members of that organization but I did not consult with the organization.

Mr. Gaydos. Which members?

Dr. Brandt. I would have to look them up. I don't know.

Mr. Gaydos. How many do you know offhand?

Dr. Brandt. Three, I believe.

Mr. Gaydos. What was the nature of the discussion?

Dr. Brandt. They were informal discussions between me and them.

Mr. Gaydos. Were they affirmative or negative to the move?

Dr. Brandt. As I pointed out earlier, I felt any move to centralize the functions of NIOSH would help, would strengthen it.

Mr. Gaydos. Was anybody negative? Do you remember? You are not under oath. I am just asking if you remember.

Dr. Brandt. I understand.

Mr. Gaydos. Would you want to be under oath?

Dr. Brandt. It makes no difference to me. I behave the same way either way.

As I said, the suggestion was made that we centralize everything in Atlanta, moving everyone now in Morgantown and Cincinnati to Atlanta.

Mr. Gaydos. Were any suggestions made that it should not be done, there would be some complications, that it would not serve the purpose?

Dr. Brandt. Not to me.

Mr. Gaydos. Did you talk with any trade associations or union representatives directly or indirectly?

Dr. Brandt. No, sir.

Mr. Gaydos. Could you give me for the record at this time any names of people who you consulted? You mentioned at the beginning you consulted with previous directors of NIOSH. You mentioned one, Dr. Key.

Dr. Brandt. Yes, sir.

Mr. Gaydos. Could I have the names of any others that you have?

Dr. Brandt. I would have to supply them and look them up.

Mr. Gaydos. Would you make them available?

Dr. Brandt. Yes, sir. The major purpose of consulting with those people at the time, of course, was in fact with respect to leadership of NIOSH. The move was all secondary to the primary purpose, which was to discuss the directorship.

Mr. Gaydos. I would like to get your philosophy on record. What do you feel the relationship of NIOSH should be with OSHA and MSHA?

Dr. Brandt. I think NIOSH must supply those two agencies with scienific basis for their decisionmaking. They should maintain their scientific independence so they can give the best objective views possible.

Mr. Gaydos. Anything else besides that?

Dr. Brandt. No.

Mr. Gaydos. Nothing else besides that?

Dr. Brandt. No.

Mr. Gaydos. That is how you perceive the connection between NIOSH and those two organizations?

Dr. Brandt. Yes, sir.

Mr. Gaydos. Persons associated with the move have told NIOSH employees that moving to Atlanta will give the agency the right kind of mixed program, research and policy implementation, which you directly and indirectly have been referring to. Is that an accurate statement?

Dr. **BRANDT**. I don't know if it is accurate that someone told the employees that or not but I think it is accurate to say what we are attempting to do with the move is to bring the total activities at the policy level of the Centers for Disease Control, which is concerned with the control of disease and with the general area of prevention, together in Atlanta.

That is what we are attempting to do with the hopes that NIOSH will benefit from working with the Centers for Environmental Health, the Centers for Health Promotion and Disease Prevention and other activities of CDC located now in Atlanta.

Mr. **GAYDOS**. Doesn't that mean again a right kind of mix of program, research and policy implementation? Doesn't that fairly well express what you said?

Dr. **BRANDT**. I would say that it probably does; yes, sir.

Mr. **GAYDOS**. What was wrong with the old mix?

Dr. **BRANDT**. I think the issue again is to try to make it better. I don't know that there was anything wrong or not wrong.

Mr. **GAYDOS**. If you want to make something better you have to start from a major premise that something is good or bad, if you want to change something. If you are going to make it better the presumption has to be that what you had before had some deficiency.

Let me ask it this way if I may. I don't want to be argumentative. Did you find or did you determine that there were some inefficiencies or negative aspects in the way NIOSH was operating or what it stood for?

Dr. **BRANDT**. I think the situation is that NIOSH does not have the opportunity to benefit from the expertise of CDC located in Atlanta.

The move certainly is an opportunity for NIOSH to become stronger, and in a time of budgetary restraint it is even more important that the Public Health Service look at every way it can to consolidate its functions and to make expertise available across a wide spectrum of activity.

Mr. **GAYDOS**. You can see that deficiency because of the geographical distance between CDC and the Washington base. Would that be, in your opinion, sufficient justification to make the move, or is that just one of the reasons?

Is there anything else that you considered in justifying your conclusion and final directive which you signed and recommended to Mr. Schweiker?

Dr. **BRANDT**. I think that the major purpose or the major gain was to attempt to get the total expertise of CDC at a policy level together.

Second, on the criteria documentation side, we felt that getting the people who were responsible for promulgating the criteria documents with the scientists who were developing the science would lead to more effective functioning.

Mr. **GAYDOS**. Would I be accurate in stating your position to this extent, that NIOSH would be better placed within the National Institutes of Health or some other agency rather than the way it exists now? Is that what you are saying?

Dr. **Brandt**. No, sir; that is not what I am saying. What I am saying is it is placed properly within the Public Health Service. CDC is our lead agency on prevention, including environmental and other aspects. Therefore, NIOSH properly belongs there.

The problem is they are isolated from the rest of the expertise of CDC.

Mr. **Gaydos**. Congressman Barnes, Dr. Brandt, made reference to the Office of Management and Budget Circular A–60. Are you familiar with that?

Dr. **Brandt**. I am not familiar with it in detail but I know it exists.

Mr. **Gaydos**. It is meant to govern moves by agencies out of the Washington, D.C. area. If that is its purpose, don't you think you should be very familiar with it, particularly since you are making a major decision in this matter?

Dr. **Brandt**. We consulted with the Office of General Counsel concerning that issue. We will have to get the full legal opinion, I don't have it, but it is my understanding that that move has to do with decentralization of Federal agencies spread from the Washington area.

Our intention was to centralize NIOSH and we were in contact with the Office of General Counsel throughout and we followed their advice.

Mr. **Gaydos**. Are you taking the official position, then, that Circular A–60 does not pertain to the move you made?

Dr. **Brandt**. It is my opinion it does not apply.

Mr. **Gaydos**. Besides your opinion, since you are not a lawyer, is it the opinion of General Counsel?

Dr. **Brandt**. That is my understanding.

Mr. **Gaydos**. Is that your knowledge and understanding?

Dr. **Brandt**. Yes, sir.

Mr. **Gaydos**. Was that told to you directly?

Dr. **Brandt**. Yes, sir.

Mr. **Gaydos**. Do you have it in writing?

Dr. **Brandt**. I don't have it in writing.

Mr. **Gaydos**. Would you check that and see if we have some basis for the legal opinion?

Dr. **Brandt**. Yes, sir.

[The information referred to follows:]

DEPARTMENT OF HEALTH & HUMAN SERVICES,
Washington, D.C., July 30, 1981.

MEMORANDUM

To: Edward N. Brandt, Assistant Secretary for Health.
From: Darrel J. Grinstead, Assistant General Counsel, Business and Administrative Law Division.
Subject: Applicability of OMB Circular A–60 and proposed move of NIOSH headquarters to Atlanta.

This will confirm our earlier advice in response to your question of whether OMB Circular A–60 (A–60) applies to the proposed move of the headquarters of the National Institute for Occupational Safety and Health (NIOSH) to Atlanta. As we indicated to you, while the proposed move is consistent with the criteria set forth in A-60, that Circular has the principal purpose of encouraging moves outside the National Capital region and is not intended to limit the authority of agencies to relocate units outside that region where such relocation is indicated by factors relating to the efficient operation of a Federal program.

PURPOSE OF OMB CIRCULAR A-60

OMB Circular A-60 was issued on July 18, 1963, for the purpose of implementing Executive Order 11035 of July 9, 1962, which directed agencies to "review continuously their needs for space in and near the District of Columbia, taking into account the feasibility of decentralizing services or activities which can be carried on elsewhere without excessive costs or significant loss of efficiency." The Circular sets forth criteria to be considered in determining whether such decentralization should take place.

A-60 was issued in the context of long range plans developed by the National Capital Planning Commission and the National Capital Regional Planning Council relating to the projected growth of the regional population by the year 2000. The assumption on which those long range plans were based included the assumption that federal activities not essential to the seat of government would be located outside of the National Capital region. Thus, it is clear from a reading of the Circular itself that its purpose, rather than to limit the authority of federal agencies to relocate units outside the National Capital region, was to encourage that relocation. The Circular required federal agencies to review their current activities to determine which ones were appropriate for relocation outside of the National Capital region. The Circular went on to set forth criteria for the location of federal agencies or activities in view of the major purpose of the organization, its principal working relationships with other nongovernmental activities and costs and other special requirements.

There is no indication in A-60 that it was intended to establish comprehensive rules binding on federal agencies with regard to any proposed relocation of an activity outside of the National Capital region. Nothing in the Circular requires clearance by OMB or any other agency of any move that an agency determines is appropriate for programmatic reasons. As indicated above, the thrust of the Circular is to encourage such moves, not to establish barriers in that regard.

CRITERIA FOR LOCATION OF AGENCIES OR ACTIVITIES

Although it is clear that A-60 does not establish limitations on the authority of an agency to relocate functions, it appears nonetheless that the Department's decision to relocate the NIOSH headquarters in Atlanta is consistent with the critieria set forth in A-60. Paragraph 3.a sets forth criteria that will generally indicate that an activity is susceptible to location outside of the National Capital region. A number of these are applicable to the NIOSH move. NIOSH is engaged in operations to carry out well defined policies and programs which require only limited day-to-day Departmental supervision (criterion number 2); it provides large scale supporting services such as statistics or data collection (criterion number 4); it requires close coordination with other governmental activities within a geographical area other than the National Capital region, *i.e.*, the Center for Disease Control (criterion number 7); and increased administrative economies can be achieved through relocation, justifying the initial costs thereof (criterion number 10). In short, it seems clear that, applying the criteria in A-60, the Department has made a rational decision to relocate the NIOSH headquarters to Atlanta. Thus, even if we were to conclude (which we do not) that A-60 strictly applies to every move outside of the National Capital region contemplated by a federal agency, we believe that this move would meet the tests set forth in that Circular.

Mr. **GAYDOS**. And, again, so we will be clear, I won't be misquoting you that Circular A-60 does not apply to the move that you made?

Dr. **BRANDT**. It is my opinion that it does not.

Mr. **GAYDOS**. I want to ask one thing. We keep running into and being exposed to terms from your office and other places, terms such as administrative efficiencies, greater administrative efficiency, as being justification for some of the moves.

I am not quarreling or quibbling with those terms, but I would like to know for the record when you talk about these efficiencies, could you explain them in the record as to what they are and if you could put a dollar value on them?

I think it is most important in this matter. Would you give me that again?

Dr. Brandt. I can't put a dollar value on the most important issue—bringing the expertise of CDC to bear upon the mission of NIOSH. The principal reason for the administration of any activity is to try to get that organization to realize and achieve its mission.

The second issue is bringing together procurement functions, all of the personnel functions and other administrative functions at CDC.

Precisely how much that will wind up saving us down the road is difficult to estimate, but we will save $135,960 per year on cost of space alone.

[Information submitted for the record follows:]

Administrative Efficiencies

Examples of improved administrative efficiencies to be realized from the moves are:

1. Consolidating two operating divisions of NIOSH in Cincinnati;
2. Eliminating duplication in administrative and managerial efforts;
3. Streamlining the conduct of some functions, such as contracting grant management, program planning and resource management, and general administration; and,
4. Reducing rental costs.

Mr. Gaydos. Does that include the new space that will be required in Atlanta and Cincinnati?

Dr. Brandt. It includes both.

Mr. Gaydos. Is that a net savings?

Dr. Brandt. Yes, sir.

Mr. Gaydos. How much?

Dr. Brandt. $135,960.

Mr. Gaydos. Per year?

Dr. Brandt. Per year.

Mr. Gaydos. For space?

Dr. Brandt. That is just leased cost. Space is available in Cincinnati at no cost since we own the building and own the site and the space that we require is available there.

Mr. Gaydos. That is not no cost. You are maintaining it. You have energy to make available. You have some cost involved.

Dr. Brandt. Yes, but that cost is there anyway.

Mr. Gaydos. How about renovation to make it available for the new process? Don't tell me you will move in without doing anything to it.

Dr. Brandt. We don't anticipate that will be a great deal. $7,500.

Mr. Gaydos. They do have a figure then?

Dr. Brandt. Yes, sir. In Atlanta we will lease 20,000 square feet at 9¼ per square foot, total cost of $185,000. We are currently in Rockville leasing 32,000 square feet at $10.03 which is $320,960 per year. It is the difference between those that I gave you.

Mr. Gaydos. Have you taken into consideration the severance pay?

Dr. Brandt. That is taken into account in the earlier figures I gave you. I will have to ask Mr. Watson for a more detailed breakdown or we can supply it to you, whichever you prefer, sir.

[Information referred to follows:]

ESTIMATED COST OF NIOSH RELOCATION

	If all employees transfer	If only ½ employees transfer
A. One-time costs:		
Cincinnati relocation:		
Changes of station	$521,945	$260,973
Shipment of furniture and equipment	41,240	41,240
Atlanta relocation:		
Changes of station	1,098,651	549,325
Shipment of furniture and equipment	15,465	15,465
General:		
SLUC payments for Parklawn spaces (after move)	29,329	29,329
NIOSH temporary office in Atlanta	16,224	16,224
Modifications	5,000	5,000
Leased lines	3,000	3,000
Separation costs:		
Severance pay and lump-sum payment if unsuccessful in placing 22 employees	0	183,000
Unemployment insurance—maximum 3,210, to be reduced by severance pay	0	0
Lump-sum leave if 5 employees take early retirement	0	12,000
Subtotal one-time costs	1,730,854	1,115,556
B. Continuing annual cost, telephone lines and modems	25,800	25,800
Total relocation costs	1,756,654	1,141,356

Mr. **Gaydos**. Would you include also the estimated cost of personnel travelling between Washington, Cincinnati, and Atlanta, number of trips projected over a 10-year period?

Dr. **Brandt**. I don't think we can project it over a 10-year period because one of the things I have asked Dr. Millar to do is reevaluate our travel arrangements and the necessity for as much travel as has been going on up until now. So, until he finishes the analysis of that, I could not supply you with that cost.

Mr. **Gaydos**. That would be available?

Dr. **Brandt**. We anticipate it not to increase.

Mr. **Gaydos**. Not to increase?

Dr. **Brandt**. Not to increase significantly, yes.

Mr. **Gaydos**. Are you telling the committee you are going to make this move away from Washington and in spite of the particular organization and associations you have, the connections and responsibilities, that you are not going to have increased travel?

Dr. **Brandt**. Well, we will have increased travel in NIOSH people but we will not in CDC overall. Remember, CDC has exactly the same kinds of relationships as other agencies. For example, in Superfund alone we are dealing with roughly 11 other Federal agencies. But our hopes are we can take the total travel for CDC and control it or decrease it.

Mr. **Gaydos**. We want to have as accurate figures as you can possibly make available to the committee on all the costs involved, and would like a reasonable projection so we can have them in front of us in a form that we can substantiate readily.

If there are figures in there that are doubtful, I wish you would indicate they are doubtful or estimates or guesstimates or what have you.

Would you do that for us?

Dr. **Brandt**. Yes. One other point; regarding travel: The CDC does have a staff in Washington which deals with many of the total problems. We would anticipate they would continue to do that for NIOSH as well.

Mr. **Gaydos**. Doctor, Congressman Barnes has testified the Center for Disease Control is alarmed by what it sees as an inability of NIOSH to break free of organized labor. That was in a prepared statement. Now I want to ask a couple of questions. Does the administration feel NIOSH has been or is biased toward organized labor?

Dr. **Brandt**. I have no views about that one way or the other.

Mr. **Gaydos**. Do you feel NIOSH has gone overboard on worker health?

Dr. **Brandt**. Well, I don't know what that means but I certainly think that NIOSH's mission is to establish scientific and technical basis for health and safety in the workplace.

Mr. **Gaydos**. What about their self-starter investigation, do you have a comment when NIOSH sends somebody into a workplace?

Dr. **Brandt**. Yes, that is part.

Mr. **Gaydos**. Do you have any question with that, does it bother you? Do you think they are doing a good job?

Dr. **Brandt**. As far as I can tell, they are doing a good job in that area.

Mr. **Gaydos**. As a director, do you feel you should encourage more such inspections?

Dr. **Brandt**. I don't know that I can comment about whether we should do more or less or the same number because in general those are done on request. I don't know whether we are meeting all the demand or not.

Mr. **Gaydos**. There are some done without request, aren't they?

Dr. **Brandt**. It was my understanding they are done usually with requests from either the employees or the employers of a particular business and they may do some comparisons in other companies, yes.

Mr. **Gaydos**. If there is a notorious situation, great notoriety, NIOSH has in the past initiated inspection and gone to an institution and effected inspection?

Dr. **Brandt**. Could I ask Dr. Foege? He is more familiar with it than I.

Dr. **Foege**. Let me say first on your question of are we putting too much attention on the workers. That is why NIOSH is in existence to protect workers, so we obviously can't put too much attention on the workers.

Health hazard evaluations per se are done at the invitation of unions or industry or groups of employees.

We also do other studies, though, industrywide studies, that might indicate a problem that we would investigate without the invitation to do a health hazard evaluation.

Mr. **Gaydos**. What bothers me is, looking at the chain of events since the administration took office, you find these things in regard to the National Institute of Occupational Safety and Health have occurred.

Number one, Dr. Robbins was fired as director. Secretary Schweiker, who is a good friend of mine from Pennsylvania, was quoted as saying his dismissal was "in the public interest."

He was fired shortly after he was denounced in a business publication as being a social activist. NIOSH was scored as the zealous enforcement arm of OSHA. It was a rather firm article.

Now, the agency is to be moved to Atlanta and Cincinnati locations, hundreds of miles away from the agencies it serves. These things bother me as an individual. To me they should be addressed and should be responded to.

Let me ask a couple of questions. If you can respond to them, fine, and if you can't, I would appreciate your candor in saying you don't know.

Could you comment on Secretary Schweiker's statement about the dismissal of Dr. Robbins being in the public interest? Were you part of that consideration?

Dr. Brandt. No, sir, that was before I was confirmed in my present job and any explanation of that would have to come from the Secretary.

Mr. Gaydos. Could you answer this: When Dr. Robbins was dismissed, did that talk about his dismissal occur before or after we had the discussion about moving to Atlanta? Were they both in conjunction with each other or were they two separate things, if you know?

Dr. Brandt. I don't know what the Secretary's view was. At the time that Dr. Robbins' dismissal was announced I was not at that time involved in those deliberations and I was only getting really well acquainted with NIOSH functions. As a matter of fact, it was some few days later before I discovered that the director was still in Washington which surprised me.

Mr. Gaydos. That was another level then. Were you in the discussions with Dr. Millar as to him being chosen?

Dr. Brandt. Yes, sir.

Mr. Gaydos. You participated in those?

Dr. Brandt. Yes, sir.

Mr. Gaydos. Was the decision to remove NIOSH made before or after Dr. Millar was chosen to head NIOSH?

Dr. Brandt. Before.

Mr. Gaydos. Did Dr. Millar figure into the decision at all? Was he part of the discussion?

Dr. Brandt. He was not part of the discussion. He did not figure into my thinking about the move.

Mr. Gaydos. Who made the decision on Dr. Millar? Was it your decision?

Dr. Brandt. I recommended Dr. Millar to the Secretary.

Mr. Gaydos. He accepted your recommendation?

Dr. Brandt. Yes, sir.

Mr. Gaydos. In your opinion, is Dr. Millar well qualified?

Dr. Brandt. Yes, sir.

Mr. Gaydos. We have some complaints and evidence that the transfer controversy indicates that the Secretary's office and the Centers for Disease Control have the opinion that NIOSH has been doing something wrong, perhaps something unprofessional.

Do you share that feeling in any way directly or indirectly?

Dr. **Brandt**. I don't feel that they have been doing anything unprofessional. Dr. Foege is here representing CDC.

Mr. **Gaydos**. Maybe I used the wrong descriptive term, something wrong as opposed to nonprofessional. Would something wrong be more like it, Mr. Foege?

Dr. **Foege**. That is not the way I would characterize it, Mr. Chairman. If I could go to your earlier question to answer that. I do not hold to the feeling that the description of the former director as a social activist had anything to do with whether or not he was to be retained in that position.

I would be happy to be known as a social activist myself and I think you find social activists throughout Public Health, because I am convinced the basis for Public Health and for Occupational Health is social justice, so one would expect to attract those kinds of people.

I think that that brings the question to the one you just asked—if Occupational Health can benefit from the same techniques that have been used in the rest of Public Health, such as good epidemiology. I think we are seeing more and more of that.

We felt we could see even greater application of surveillance, epidemiology training, laboratory sciences, if we were able to put forces together. Over the last few years we have found ourselves working on such problems as Three Mile Island, Mount St. Helens, asbestos in Arizona. Other parts of CDC as well as NIOSH were simultaneously working on similar problems with workers and with the public.

It makes administrative sense for more effectiveness and efficiency if we are working together, if we end up with the same policy on the occupational and environmental side.

So it is not a matter of NIOSH doing something wrong. It is a matter of bringing our forces together more effectively using Environmental, Health and Occupational people establishing consistent policies.

Mr. **Gaydos**. I think that was a great statement, very impressive, but you lost me on part of it. Be a little more practical.

Dr. Brandt, how is the operation going to run? Is Dr. Millar going to be the policymaker? Is he going to or Dr. Foege? How is this operation going to take place? Who will be doing what? Who will be reporting to whom and the overall direction?

How is it going to originate and who is going to direct it? Can you give me a little insight?

Dr. **Brandt**. Dr. Foege, as Director of CDC, reports to me. Dr. Millar, as Director of NIOSH, reports to Dr. Foege just as the directors of the various other Centers of CDC. Policymaking within the Public Health Service occurs in two ways. One, coming up from the agencies for approval by me to reflect their individual needs and their individual strengths.

Second, down, if you will, from the Assistant Secretary's office to reflect administration policy, congressional directives, and other activities. So policy is developed in two ways.

Mr. **Gaydos**. Are they written policy directions in writing?

Dr. **Brandt**. Yes, sir.

Mr. **Gaydos**. Interoffice memos?

Dr. **Brandt**. Yes, sir.

Mr. GAYDOS. In writing?

Dr. BRANDT. Yes, sir.

Dr. Millar will be responsible clearly for both policy development for those activities that pertain to NIOSH and its mission and its activities and he will be responsible for implementing policy that comes from either the Public Health Service or from CDC.

Mr. GAYDOS. Doctor, just off the top of my head does the fact that you had a budget cut bother you? Do you feel you are losing valuable personnel and your effectiveness will be impinged upon?

All the social activism we just talked about, will that be interfered with? Does that bother you?

Dr. BRANDT. I think, Mr. Chairman, the cutting of Federal spending is an absolute essential at this time. I think the decision about where those cuts are going to go is something that the Congress and the rest of us in the executive branch have been struggling with.

I see my job to take the money that Congress makes available to us and to try to administer the Public Health Service in a way that is the most effective, and that gets the most for its dollar in terms of meeting its missions.

Within the context of the current economic situation, I don't regret the budget cuts, because I see them as necessary to the long-term stability of the Public Health Service.

I do hate to lose good people. There is no question about that. The Public Health Service and NIOSH are populated by some very good committed people. We are hoping the people involved in this move will go and will try to meet what we see as an opportunity that is unparalleled in the history of NIOSH.

Mr. GAYDOS. Again, you are saying this move is better utilization of existing limitations as far as money and facilities and it is not a move to put a lid on NIOSH's activity; is that right?

Dr. BRANDT. It is not a move to put a lid on NIOSH's activities. It is just the opposite in that we think that NIOSH and the workers of this country will benefit greatly from the kind of involvement with the rest of CDC that will come about as a result of this move.

Mr. GAYDOS. Doctor, getting back to the moving again, I would like to put these things in order. I am talking about the moving decision.

When was it first discussed and at what level, if you remember?

Dr. BRANDT. It was first discussed with me during my orientation and study.

Mr. GAYDOS. By whom?

Dr. BRANDT. It was discussed with me by Dr. Foege and by the then Acting Assistant Secretary, Mr. Miller.

Mr. GAYDOS. Who originated the discussion? Did they say we are going to move or what do you think about moving? How did it start?

Dr. BRANDT. If my memory is correct, I brought up the thing because I was surprised to see that the Director of NIOSH was completely isolated from his operation. He was isolated from his people who were located in Cincinnati and Morgantown.

He was also isolated from the parent agency which was in Atlanta.

I was attempting to understand how that came to pass and what it meant and so forth. At one time in the past I was involved in another life or another role with proposals to move NIOSH from Cincinnati to Houston, Tex. So I had some familiarity with the fact that moves of NIOSH are not new and have been considered many times in the past.

Mr. **GAYDOS**. Some of the reading I have done, including transcripts of meetings between NIOSH employees and representatives of the Center for Disease Control where we have had written reports—these transcripts show many references to CDC's desire to get NIOSH into the mainstream of occupational health in the best interest of the agency and the discipline.

What does that mean? What is the mainstream and how has NIOSH been out of the mainstream?

Dr. **BRANDT**. Let me give you my view of what that means and then we can ask Dr. Foege. I think we want to look at the total picture that prevention of illness and accidents in the workplace is part of a general prevention activity. We are concerned that the worker be protected from disease and from unsafe practices in the workplace, but also, that he be equally concerned about his diet, about smoking, about all the other aspects that go along with being healthy and with promoting health and preventing disease.

Furthermore, since the workplace is the environment in which those people spend so much of their time, that it be looked upon also as a component of environmental health. I see it as an opportunity to bring occupational health into the total—I would not use the term mainstream—but into the total activity of prevention and disease prevention and health promotion.

I think this is the opportunity that is presented. Dr. Foege can speak to the other areas.

Dr. **FOEGE**. Mr. Chairman, I think the mainstream reference should be to Public Health, not to Occupational Health. I would not think that Atlanta is the mainstream of Public Health. It is also not a stagnant backwater but it is part of the mainstream of Public Health.

I feel so strongly that Occupational Health is a segment of Public Health. It has historically developed separately but that is because of the pressures of industry, unions, or political pressures, but it is part of Public Health and should be made part of Public Health so the Occupational Health people have access to State health officers, to the surveillance systems of State health officers, to the information distribution systems of the Morbidity/Mortality weekly report, and so forth.

So our intent is to see the surveillance and epidemiology of Public Health encompass Occupational Health and strengthen it.

Mr. **GAYDOS**. How, then, Doctor, if you would respond, clearly and tangibly and beyond the superficial references to administrative efficiencies, how will that move work?

Dr. **FOEGE**. First, I don't see this action as splitting it up but as consolidating it in three places instead of four. I think some of the practical examples, though, have to do with what has happened in the last several years on surveillance and information dissemination.

The Morbidity/Mortality weekly report that goes out each week to 100,000 people was almost exclusively a report on communicable diseases up until 5 or 6 years ago. Gradually it became a report on environmental health and in the last 2 years we have had occupational health articles on probably an every other week basis during many periods of time.

Second, we want to further strengthen NIOSH epidemiology. Epidemiology is the study of the distribution and determinants of disease or other conditions. We have seen that strengthened in the last few years through the recruitment of more and more epidemiologists into NIOSH. Many of the health hazard evaluations and the industrywide studies have benefited from epidemiologic talent.

We think even more of this can happen and will happen with the headquarters in Atlanta. It is that sort of concrete expectation that we foresee.

Mr. **Gaydos**. Do you also cite those things as further justification to move to Atlanta? Do you think that is going to occur?

Dr. **Foege**. That is right; I think it will occur. I would go back to the work we do on such things as Three Mile Island or Mount St. Helens, on hazard evaluations on chemical dumps. This will all benefit from having the Occupational Health leaders and Environmental Health leaders developing policy together.

Mr. **Gaydos**. We are going to have some kind of an effect, that is, the moving cost and overall net cost, we are going to have some effect on the number of hazard evaluations you would have, isn't it?

You are going to interfere with your budget somewhat, aren't you, by making this move? Something has to suffer.

Dr. **Brandt**. Assuming our figures are correct and I think that they are, we anticipate the move to cost approximately $1.8 million and that is total cost.

We anticipate that we will save nearly $1½ million dollars per year after the move.

Now, I agree some of those figures may be soft here and there and we may not know for sure, but our general purpose was not to try to effect a cost savings by the move. Our purpose was to provide an opportunity for NIOSH to be even more effective than it has been in the past by bringing it together with the other experts involved with the same basic problems that NIOSH is concerned with.

Mr. **Gaydos**. You have a parallel plan to curtail health hazard evaluating by regional offices, don't you? You are going to be cutting some of those back.

Dr. **Foege**. We will have to provide information on that. Our intent, though, is to be able to respond to all health hazard evaluation requests. We may not do it in the same way we have always done it but one of the strengths we see in the move to Atlanta is that it would allow access to other epidemiologists working in other parts of CDC to assist in health hazard evaluations if needed.

Our intent is to be able to respond to all health hazard evaluation requests.

[Information referred to above follows:]

WORST CASE/BEST CASE ANALYSIS OF THE IMPACT OF 1982 BUDGET ON REGIONAL OFFICE STAFFING

In the Spring, CDC did a worst case/best case analysis of the impact of the 1982 budget on Regional Office staffing. In the worst case analysis, all CDC staff would have to have been withdrawn from Regional Offices, except for three occupational safety and health positions (2 permanent, 1 other than permanent) in each of six Regional Offices. Under the best case analysis, the occupational safety and health Regional allocation would be 30, and other prevention activities would be in the range of 30–35.

Mr. GAYDOS. Help me in this respect. We have an active office, a regional office, region 3, even more active in the Nation in regard to health hazard evaluation as I understand.

Why was this one of the four regional offices chosen for elimination of health hazard evaluations and particularly since you are not going to be able to go to Rockville, what are you going to do with those people? Will they be bypassed?

Dr. FOEGE. There are two considerations here, Mr. Chairman. Because of some of the reductions that we are taking in personnel and in the budget we are attempting to centralize some of the health hazard evaluation work but; second, we are looking into the possibility of having some of the health hazard evaluations done for us by such groups as schools of public health.

If we can have some of this done it will allow us to do more health hazard evaluations without the personnel strength that has been required in the past.

Mr. GAYDOS. How would you pay for that? They are not going to do it voluntarily. They will interfere with the number of personnel and that will be disturbing to your overall roster of hired personnel by doing it that way. Where you should have a steady full-time employee, you are going to be going out and utilizing this group and that group.

How are you going to save money that way?

Dr. FOEGE. One of our restrictions is a personnel restriction. We would hope to do some of this by cooperative agreements. We have two trials going on with cooperative agreements to see if we can do health hazard evaluations with fewer people by using the expertise that already exists in schools of public health or in other areas.

Mr. GAYDOS. Doctor, could you answer me if you can? You are going to close those four, aren't you?

Dr. FOEGE. I would have to check this to be sure.

Mr. GAYDOS. You recommended they be closed.

Mr. WATSON. We have done a worst case scenario and best case scenario on what we will do. The worst case does call for what you are talking about. The final decision has not been made.

Mr. GAYDOS. Final decision has not been made?

Mr. WATSON. No, sir.

Mr. GAYDOS. Who will make it, Secretary Schweiker?

Mr. WATSON. The Public Health Service will make those decisions ultimately. The worst case scenario calls for what you are talking about.

Mr. GAYDOS. Assuming the worst case does occur and they are closed, in your professional opinion would it interfere with the proper evaluations and inspections being made? Can you stand it, in other words?

Mr. **Watson**. We think so; yes, sir.

Mr. **Gaydos**. Assuming the workload stays the same, would you be doing the work under the conditions outlined by the good doctor? Is that how you figure on doing the work?

Mr. **Watson**. We would be doing it from fewer places. We would not be doing it from all regional offices.

Dr. **Foege**. I have to say we would look more closely at the triage procedures we now use for health hazard evaluations. Sometimes when we get a request we decide it does not require a full-scale investigation, that we can provide consultation and we make some decisions based on how many requests, how many resources we have.

So there would be a look at the triage technique.

Mr. **Gaydos**. Would you be in a position because of budget curtailments to refuse and say we can't make it?

Dr. **Foege**. We never refuse, but sometimes we provide consultation that is not a full-scale field investigation.

Mr. **Gaydos**. Let me skip to another area. Dr. Millar is known to be a man of high ability and outstanding reputation. And he took a very good picture in the paper this morning, too. I recognized him as soon as he walked in. Yet, from what we know of his background, there appears to be some question on the inclination or training for occupational health.

Maybe you can enlighten the committee on that. How did he come to your attention as a candidate? He has excellent qualifications in some areas but we are wondering in this area as to the candidacy, who made the choice and who made the recruitment and how he fits in the overall picture.

I say that with all due respect.

Dr. **Brandt**. Dr. Millar was Director of the Center for Environmental Health at CDC. He has a long and distinguished career. He demonstrated his management expertise in dealing with that Center and in dealing with other management issues through the years, in fact, serving as the acting Director of NIOSH for several months prior to Dr. Robbins' appointment as the permanent Director.

It was our view that his breadth of vision, his breadth of understanding, his breadth of experience, and his ability and leadership would provide the kind of leadership that NIOSH needed in order to bring in a total environmental, total prevention look at the worksite.

We looked at him as well as some other people at CDC. My approach has been to look at people within the Public Health Service as much as possible because as you, Mr. Chairman, pointed out, we have a number of dedicated, committed people there.

He seemed qualified. I interviewed him and he was interviewed by Secretary Schweiker. We talked to other people about him and then I was responsible for recruiting him while he was on vacation to attempt to convince him to take on this responsibility for us.

Dr. Millar, I think, is not somebody who sought this job in the sense he campaigned for it but, rather, I think is not only willing but perfectly able to run NIOSH and do it in a very effective manner. By effective I mean approach the achievement of their mission with very high marks.

Mr. **Gaydos**. Doctor, since you stated that you did consider other candidates and you picked Dr. Millar out, you can probably pretty well speak on his philosophy as far as the worker is concerned and how NIOSH fits into the picture.

What would you say philosophically would be his tendencies or commitment?

Dr. **Brandt**. I will be glad to tell you what I think. He is here if you wish to hear him say it.

Mr. **Gaydos**. We will be getting to him shortly.

Dr. **Brandt**. I am sure he will be more effective at it than I but fundamentally Dr. Millar is committed to his particular interest, which is worker safety.

He is committed first to the basic concept of prevention and health promotion. He is concerned about making the environment as safe as possible or getting involved in those instances where it can't be for one reason or other, protecting the people and that applies to the workplace. I think he is absolutely committed to the health of the worker and to developing a solid scientific basis for decisions.

One of the things I have learned in some years in preventive medicine now has been that decisions that are most effective in terms of health promotion and disease prevention must be made on a strong scientific basis.

For far too long this country overlooked the necessity for research in those areas. NIOSH is filling that gap and he is absolutely committed to strengthening that research. I think his naming of Dr. Elliot Harris as deputy is one example of that. We have, as far as I know—let me say that I have received nothing but praise from all of the people that have talked to me about this appointment. That includes people from unions as well as from corporations, professional societies and others.

Mr. **Gaydos**. For the record, how many other people were under consideration?

Dr. **Brandt**. I can't tell you how many other people were considered because we looked at a fair number. Three were interviewed. Either three or four, but I believe it was three.

Mr. **Gaydos**. At this time I call on Mr. Kramer.

Mr. **Kramer**. Dr. Brandt, what do you envision in brief as the mission of NIOSH as being?

Dr. **Brandt**. I think NIOSH has at least three missions. First, it has the mission of research and developing the scientific base, and translating the scientific basis for worker safety and worker health into documentation that can be translated into some kind of action both by the workers themselves, by the employers and by regulatory agencies where indicated.

Second, it has a mission which is dissemination of that information to the scientific and practicing community. I think that getting that information out into the professions is extremely important because the facts are that the bulk of the workers in this country are going to be taken care of by physicians who are not trained in occupational medicine and who really have very little understanding of the workplace and the worksite.

It is absolutely critical that we expand our role in getting information so that the workers can be cared for.

Finally, I think it has the responsibility for examining and looking at worksites to try to determine sources of exposure and to again try to determine whether or not those exposures are harmful and if so, what can be done to control them.

Mr. **Kramer**. Does that third function that you described relate to the first function you described? In other words, is it the data base for regulatory action or inaction?

Dr. **Brandt**. I see them as all interrelated. The final function I think best exemplified by the health hazard evaluation approach. It gathers information that leads to research. It is important to find out whether or not certain exposures are in fact going to be harmful.

If they are harmful, how can you protect the worker by protective clothing, or equipment, or by lowering the exposure?

Furthermore, if we can expand our communication with the practicing and scientific community outside, I think the questions that need and deserve answering will be coming in as rapidly as answers or probably more rapidly than answers are going out from our research efforts.

Mr. **Kramer**. So you see, as I understand what you are saying, I guess my understanding was perhaps too narrow or maybe incorrect, but I think you see a broader mission for this agency than simply being utilized as a research arm of OSHA and MSHA.

I don't know whether that is a statutory or discretionary decision or just one of management but it is my understanding that the primary function of the activity was to provide basic research upon which OSHA and MSHA would formulate implementation methodology.

Dr. **Brandt**. I think that the primary mission is to perform the science and to develop the scientific information that is needed for the kinds of decisions that OSHA and MSHA must make.

I think, however, that that kind of information that is learned about the worksite has to be shared with everybody in the practicing and scientific community in the country if we are really going to get the workers taken care of.

The third mission is in fact statutory. The health hazard evaluations or worksite investigations to determine untoward exposure.

I think the communication mission is equally important and one that will make the benefit much greater than if we just keep that information to ourselves and use it.

Mr. **Kramer**. Do you have any way to evaluate or catalog or codify by quantity or quality or any other way the recommendations that have been made in terms of the data base created by NIOSH with respect to potential implementation of certain standards by OSHA and MSHA and the rate at which those standards have been accepted or rejected.

In other words, do you have any way in which you have evaluated the effectiveness of NIOSH in terms of having an impact on OSHA and MSHA decisions?

Dr. **Brandt**. I think Dr. Foege could answer that better than I.

Dr. **Foege**. A good deal is made of the fact that over 100 criteria documents have gone from NIOSH to OSHA and that regulations have been implemented on only a small fraction.

I think that is far too narrow a view to take on the benefit of what has come out of criteria documents.

Mr. **Kramer**. Is that true, though?

Dr. **Foege**. As far as formal regulations, that is true. But the informal information that goes from both NIOSH and from OSHA to the unions to industry, to the workers, causes changes far in advance of having a formal regulation.

So I think there are other ways of getting information out that are effective.

Mr. **Kramer**. How often does MSHA or OSHA ask you or NIOSH to do research on selected areas?

Dr. **Foege**. There is actually a planning group within the Department of Labor which recommends priorities for research to the Department of Health and Human Services and transmits them to the Assistant Secretary for Health. With the hundreds of thousands of possible agents that could be studied some priorities have to be set.

NIOSH has been careful to take the views of the DOL into consideration in planning its research.

Mr. **Kramer**. In other words, has OSHA and MSHA made the requests and have those requests been met or have they been rejected?

Dr. **Foege**. There is an ongoing internal mechanism within NIOSH that develops strategies for research priorities. These strategies for research priorities as well as the requests for research made by DOL are incorporated into the overall NIOSH planning process.

Mr. **Kramer**. Has anything happened as a result of that committee structure? In other words, has any positive result ever been achieved as a result of that ongoing dialog?

Dr. **Foege**. I would say yes, because the research that NIOSH does is not random. Requests made by the DOL NIOSH planning group are part of our process for determining future research.

Mr. **Kramer**. Could you give me some specifics as to what positive accomplishments have proved as a result of that committee process?

Dr. **Foege**. Yes. I'd like to provide that for the record.

[Information referred to above follows:]

CRITERIA FOR RATING NIOSH RESEARCH PROJECTS

Criterion 1 Importance of Occupational Health/Safety Issues Proposed for Study

- Size of population at risk
- Severity of risk
- Indicators of trend of the issues to be studied
- New technology impacts
- Linkage to national health/safety issues
- Usefulness in disease/injury surveillance activities that contribute toward identification of research issues

Criterion 2 Practicality/Feasibility Considerations

- Critical mass of available talent (including training needs)
- Opportunities for intervention
- Soundness of proposed study design
- Fiscal constraints
- Cost effectiveness of research
- Record of previous accomplishment
- Impact of duration of project

Criterion 3 Responsiveness to Management Goals

- Response to Institute initiatives
- Response to identified research gap areas
- Linkage to NIOSH research grants
- Linkage to programs within other Divisions, federal agencies, or research coordination groups
- Response to PHS Prevention Objectives for 1990
- Response to Department of Labor's NIOSH Planning Group (NPC) requests

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration
WASHINGTON, D.C. 20210

Office of the Assistant Secretary

AUG 13 1979

Dr. Julius B. Richmond
Assistant Secretary for
Health and Surgeon General
Room 703 H
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Richmond:

I am pleased to transmit to you the results of the Department of Labor's NIOSH Planning Group efforts for fiscal year 1981. As described in the October 23, 1978, memorandum from Secretary Marshall to Secretary Califano, three Department of Labor agencies (ESA, MSHA, and OSHA) compiled lists of anticipated research needs of NIOSH for FY 1981. While we are somewhat late in our transmittal of these projects, we believe this package should be of benefit to NIOSH and DHEW in planning for FY 1981.

The projects for FY 1981 have been ranked on an agency-by-agency basis rather than on a Department-wide basis. We have adopted this procedure for this year in order to simplify our own task in this start-up year and to conform with NIOSH's agency-by-agency funding. However, if limited resources cause you to forego starting any of the submitted projects, we request that you notify us so that we can participate in the decision on which project(s) to drop.

One of the subjects of great concern within the Department of Labor is the content and format of criteria documents. While some of the proposed projects for FY 1981 request that certain specific types of data be included in criteria documents, we must address this subject more generally to define all of DOL's standards-setting needs. Preliminary discussions among the NIOSH Planning Group agencies (principally MSHA and OSHA) and NIOSH on ways of improving criteria documents have begun. We plan to continue these discussions and develop a paper detailing the Department of Labor's views and recommendations. We will present the results of our discussions to you as soon as possible.

The preparation of this package has been a valuable experience for the Department of Labor, and we are certain that subsequent planning efforts will result in the more efficient use of both our Departments' resources. We look forward to working with you on refining the planning process for future years.

Sincerely,

Eula Bingham

Eula Bingham
Assistant Secretary for
Occupational Safety and Health;
Chairperson, NIOSH Planning Group

Enclosure

ESA Projects
FY 1981
NIOSH Planning Group

Project 1: Research whether employees under the age of 18 are especially affected by occupational hazards.

Project 2: Identify three or more occupational diseases for which DOL will promulgate advisory standards under FECA.

MSHA Projects
FY 1981
NIOSH Planning Group

Project 1: Acute and chronic risk evaluation based on exposure to: 1. Oxygen Deficiency, 2. Silica, 3. Asbestos, 4. Radiation 5. Noise, 6. Welding fumes.

Project 2: Accuracy and precision of measurements and of analytical results for the above six agents.

Project 3: Develop multiphase exposure limits for each of the above six agents.

Project 4: Imminent danger risk when maximum exposure limit is exceeded for the above agents.

OSHA Projects
FY 1981
NIOSH Planning Group

Project 1: Developing priorities for and assessing the feasibility of reducing worker exposure to Category 1 substances

Project 2: Revising and up-dating high priority criteria documents

Project 3: Recommending new methods of asbestos sampling and counting

Project 4: NIOSH program addressing questions related to personal protective equipment

Project 5: Fall protection standards

Project 6: Controlling back injuries in handling materials

Project 7: Sampling media and analytical methods for several compounds

Project 8: Priority scheme for ranking health hazards other than Category 1 carcinogens

Project 9: Research studies into the feasibility of various engineering controls

Project 10: Noise control

Project 11: Problems of dust control and ignition sources

Project 12: Implications of increased numbers of handicapped workers in the workplace

Project 13: Determining the types and levels of external forces required to produce traumatic injuries

Project 14: Controlling exposure or ignition of combustible gases

Project 15: Assessing safety implications of females performing jobs designed for males

NIOSH RESEARCH PROJECTS
RESPONSIVE TO FY 1981 DOL-NPG REQUESTS

OSHA Project 1: Developing priorities for and assessing the feasibility of reducing worker exposure to Category 1 substances

NIOSH Projects:

1. Pathology Standards for Asbestos Induced Respiratory Disease (For further information contact James A. Merchant, M.D. FTS 923-7474)
2. Access to NOHS Data Base: Information Profile Development (includes data collection activities from several other projects, Philip J. Landrigan 684-2427)
3. OSHA Standards Support (Walter M. Haag 684-4321)
4. Criteria Document Development (Irwin P. Baumel, Ph.D. 443-3680)
5. Information and Support Services (Irwin P. Baumel, Ph.D. 443-3680)
6. Curriculum Development (Alan Stevens 684-8221)
7. Research and Demonstration Grants (Kenneth Bridbord, M.D. 443-6437)
8. Regional Office Services (Kenneth Bridbord, M.D. 443-6437)
9. NIOSH Extramural Coordination (Kenneth Bridbord, M.D. 443-6437)
10. International Activities (Kenneth Bridbord, M.D. 443-6437)
11. Sampling Methods for Environmental Mutagens (James A. Merchant 923-7474)
12. Cancer Detection by Immunological Means (James A. Merchant 923-7474)
13. Mutagenetic Monitoring of High Risk Workers (James A. Merchant 923-7474)

JANUARY 1980

OSHA Project 2: Revising and up-dating high priority criteria documents

NIOSH Projects:
1. OSHA Standards Support (Walter M. Haag 684-4321)
2. Safety Technology Transfer (James A. Oppold, Ph.D. 923-7595)
3. Criteria Document Development (Irwin P. Baumel, Ph.D. 443-3680)
4. Information and Support Services (Irwin P. Baumel, Ph.D. 443-3680)
5. Mining Health Criteria and Standards Development (Irwin P. Baumel, Ph.D. 443-3680)
6. Scientific Review and Consultation (Irwin P. Baumel, Ph.D. 443-3680)
7. Epidemiologic Activity (Irwin P. Baumel 443-3680)
8. Information Document Preparation and Standards Support (Irwin P. Baumel 443-3680)
9. Medical Biomedical and Industrial Hygiene Study of Emerging Problems (Philip J. Landrigan, M.D. 684-2427)
10. Cross-Sectional Industrial Hygiene Survey for Non Textile Cotton Industry (James A. Merchant 923-7474)

OSHA Project 3: Recommending new methods of asbestos sampling and counting

NIOSH Projects:
1. Aerosol Monitoring Development (Walter M. Haag 684-4321 and James Oppold 923-7595)
2. Curriculum Development (Alan Stevens 684-8221)
3. Chronic Inhalation: Short (C5 um) Asbestos Fibers (Elliott S. Harris, Ph.D. 684-8465)

OSHA Project 4: NIOSH program addressing questions related to personal protective equipment

NIOSH Projects:
1. Respirator and Clothing Research for Carcinogens (Walter M. Haag 684-4321)
2. Development of Improved Respirator Equipment (Walter M. Haag 684-4321 and James Oppold 923-7595)
3. Proficiency Analytical Testing (PAT) (Walter M. Haag 684-4321)
4. Respirator Testing (James A. Oppold 923-7595)
5. Safety Equipment (James A. Oppold 923-7595)
6. Curriculum Development (Alan Stevens 684-8221)
7. Effects of Respirators and Development of Fatigue (Elliott S. Harris 684-8465)

OSHA Project 5: Fall protection standards

NIOSH Projects:
1. Research on Falls from Elevations (James A. Oppold 923-7595)
2. Safety Division Management (James A. Oppold 923-7595)

OSHA Project 6: Controlling back injuries in handling materials

NIOSH Projects:
1. Work Practices for Lifting Tasks (Elliott S. Harris 684-8465)
2. Research on Controlling Overexertion Injuries (James A. Oppold 923-7595)

OSHA Project 7: Sampling media and analytical methods for several compounds

NIOSH Projects:
1. Monitoring Methods - Inorganic Carcinogens (Walter M. Haag 684-4321)

2. Develop Certification Procedures for Mine Dust Samplers (Walter M. Haag 684-4321)
3. Monitoring Methods for the Metals Industries (Walter M. Haag 684-4321)
4. Analytical Methods for Organic Contaminants (Walter M. Haag 684-4321)
5. SCP Sampling and Analytical Follow-up (Walter M. Haag 684-4321)
6. Proficiency Analytical Testing (PAT) (Walter M. Haag 684-4321)
7. Organic Analytical Research (Walter M. Haag 684-4321)

OSHA Project 8: Priority scheme for ranking health hazards other than Category 1 carcinogens

NIOSH Projects:
1. Access to NOHS Data Base: Information Profile Development (Philip J. Landrigan 684-2427)
2. Information and Support Services (Irwin P. Baumel , Ph.D. 443-3680)
3. Mining National Occupational Hazard Survey (James A. Merchant 923-7474)

OSHA Project 9: Research studies into the feasibility of various engineering controls

NIOSH Projects:
1. Control Technology Assessment - Materials Production (Walter M. Haag 684-4321)
2. Control Technology Assessment - Materials Processing (Walter M. Haag 684-4321)
3. Control Technology Assessment - Plating and Cleaning (Walter M. Haag 684-4321)
4. Control Technology Input to Criteria Document (Walter M. Haag 684-4321)
5. Control Technology Assessment - Chemical Process (Walter M. Haag 684-4321)

6. Research on "Caught-in" Type Injuries - including machine guarding (James A. Oppold 923-7595)
7. Research and Demonstration Grants (Kenneth Bridbord 443-6437)
8. Control Technology for Energy Systems (Walter M. Haag 684-4321)
9. Control Technology Program Development (Walter M. Haag 684-4321)
10. Control Technology Assessment - Cement Manufacturing (Walter M. Haag 684-4321)
11. Control Technology Assessment - Wood Preserving Industry (Walter M. Haag 684-4321)
12. Control Technology Evaluation of Welding, Cutting and RF Sealing Equipment (Walter M. Haag 684-4321)

OSHA Project 10: Noise control

NIOSH Projects 1. Impact/Impulsive Noise Data Base (Elliott S. Harris 684-8465)

OSHA Project 11: Problems of dust control and ignition sources

NIOSH Projects: 1. Safety Research - Combustible and Flammable Materials (James A. Oppold 923-7595)

OSHA Project 12: Implications of increased numbers of handicapped workers in the workplace

NIOSH Projects: None at this time

OSHA Project 13: Determining the types and levels of external forces required to produce traumatic injuries

NIOSH Projects: 1. Safety Division Program Management (James A. Oppold 923-7595)

OSHA Project 14: Controlling exposure or ignition of combustible gases

NIOSH Projects: 1. Safety Research - Combustible and Flammable Materials (James A. Oppold 923-7595)

OSHA Project 15: Assessing safety implications of females performing jobs designed for males

NIOSH Projects: 1. Repetitive Lifting: Limiting Factors in Men and Women (Elliott S. Harris 684-8465)

ESA Project 16: Research whether employees under 18 are especially affected by occupational hazards.

NIOSH Projects: None at this time.

ESA Project 17: Identify three or more occupational diseases for which DOL will promulgate advisory standards under FECA.

NIOSH Projects: 1. Target Mining Surveillance (James A. Merchant 923-7474)

MSHA Project 18: Information necessary for development of multiphase exposure limits for toxic materials.

NIOSH Projects:
1. Mining Health Criteria and Standards Development (Irwin P. Baumel 443-3680)
2. Research and Demonstration Grants (Kenneth Bridbord 443-6437)
3. Diesel Exhaust/Coal Dust Animal Exposure Studies (Elliott S. Harris 684-8465)
4. Neural Behavioral Interactions of Spray Paint Agents (Elliott S. Harris 684-8465)
5. Diesel and Metal Particulates on Interferon Synthesis (James A. Merchant 923-7474)

MSHA Project 19: Information in support of defending noncompliance citations.

NIOSH Projects:
1. Mining Health Criteria and Standards Development (Irwin P. Baumel 443-3680)
2. Scientific Review and Consultation (Irwin P. Baumel 443-3680)
3. Regional Office Services (Kenneth Bridbord 443-6437)

U.S. Department of Labor

Mine Safety and Health Administration
4015 Wilson Boulevard
Arlington, Virginia 22203

OCT 6 1980

Dr. Julius B. Richmond
Assistant Secretary for Health and Surgeon General
Department of Health and Human Services
Hubert H. Humphrey Building, Room 716G
200 Independence Avenue, S.W.
Washington, D.C 20201

Dear Dr. Richmond:

In accordance with the October 23, 1978, memorandum from the Secretary of Labor to the Secretary of Health, Education and Welfare, three agencies of the Department of Labor, Mine Safety and Health Administration (MSHA), Occupational Safety and Health Administration (OSHA) and Employment Standards Administration (ESA) compiled lists of anticipated research needs for FY 1982.

The projects for FY 1982 have been ranked in a three priority level sequence. This procedure was adopted to provide a Department of Labor-wide basis for NIOSH implementation. If limited resources cause a delay in starting of suggested projects, please notify us so that we can participate in the decision on which projects to curtail.

We have been in continual contact with NIOSH relative to our mutual needs and will continue to work with each other to provide the necessary planning for increased efficiency in expenditures of both of our Department's resources.

We look forward to your continued support in this cooperative effort between NIOSH and the Department of Labor.

Sincerely,

Robert B. Lagather
Assistant Secretary
for Mine Safety and Health

Enclosure

cc: Secretary Ray Marshall
Undersecretary John Gentry
Eula Bingham, OSHA
Donald Elisburg, ESA
Arnold Packer, ASPER
Janet Norwood, BLS
Alfred Zuck, OASAM
✓ Anthony Robbins, NIOSH

NIOSH PLANNING GROUP

FY 1982

First Order Priority

MSHA

PROJECT 1: Surveillance Program to Determine Toxic Materials and Harmful Physical Agents Used or Taken Into Mines

PROJECT 2: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Heat Stress

PROJECT 3: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Vanadium Compounds (including but not limited to vanadium pentoxide, vanadium trioxide, and ammonium metavandate)

PROJECT 4: Certification of New Type Respirable Dust Samplers

OSHA

PROJECT 1: Research the Problems of Repetitive Motion Injuries

PROJECT 2: Develop Generic Criteria Document for High Priority Industries

PROJECT 3: Develop and Improve Sampling and Analytical Methods for Several Compounds

ESA

PROJECT 1: Worker's Compensation for Occupational Illinesses

PROJECT 2: Child Labor Requirements

NIOSH PLANNING GROUP

FY 1982

Second Order Priority

MSHA

PROJECT 5: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Lead Sulfides vs. Oxides

PROJECT 6: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Arsenic Sulfides vs. Oxides

PROJECT 7: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Synergistic Effects of Respirable Coal Mine Dust and Diesel Exhausts

PROJECT 8: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Synergistic Effects of Respirable Coal Mine Dust and Quartz

OSHA

PROJECT 4: Research Problems of Fall Protection

PROJECT 5: Initiate or Revise and Update Substance Specific Criteria Documents

PROJECT 6: NIOSH Program Addressing Questions Related to Personal Protective Equipment

ESA

PROJECT 3: Medical Record Data Base Development Program for OWCP

NIOSH PLANNING GROUP

FY 1982

Third Order Priority

MSHA

PROJECT 9: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Nitrogen Oxides (Specific Compound)

PROJECT 10: Acute and Chronic Risk Evaluation Based on Exposure and Associated Criteria for Carbon Oxides

PROJECT 11: Processing Storage of Audiograms

PROJECT 12: Potable Water

PROJECT 13: Control Technology for Mercury

OSHA

PROJECT 7: Develop Criteria for Physicians to Use in Determining Workers' Ability to Wear Respirators

NIOSH RESEARCH PROJECTS RESPONSIVE TO FY 1982 DOL-NPG REQUESTS

The NIOSH Program Plan for FY 1982 will not be completed until September, 1981. Projects responsive to the FY 1982 Department of Labor-NIOSH Planning Group requests will be available at that time.

Mr. **Kramer**. That would be fine. What I am getting at is whether or not viewed in terms of the mission of this agency whether or not—to me the first question is whether or not the move or potential move to Atlanta either enhances or detracts or is neutral on that mission.

I personally heard things. I don't know how close the working relationship is between MSHA and OSHA. I heard it could be improved significantly and I don't know whether the move enhances that opportunity or detracts from it.

I am concerned about that. My initial reaction is the further away you get it would be a detraction rather than a positive thing.

Would you want to comment on that?

Dr. **Foege**. We would intend to maintain these important relationships. The difficulty with answering your question is, for instance, in the last few years much of the research at NIOSH has moved away from specific problems to try to look at generic problems.

For example, there has been a great deal of attention given to reproductive effects of workplace exposure rather than looking at a single chemical. That is the sort of change that comes about because of these kinds of meetings. It is hard to document for you quantifiably what changes took place in the actual research but there has been a whole change in mission at NIOSH and emphasis looking at generic problems.

We would intend to maintain these kinds of relationships. Other parts of CDC have had such a wide range of relationships with agencies in and out of Washington and we do not feel that the distance, the fact we are in Atlanta, has necessarily detracted from being able to confer with the National Institutes of Health and with other groups.

Dr. **Brandt**. I think within the Public Health Service we have had other opportunities within the past 2 or 3 years to demonstrate how one can bring expertise together to deal with reproductive effects.

The national toxicology program has been formed, with its headquarters located in Research Triangle Park, N.C. We have just transferred the carcinogenesis testing program from the National Cancer Institute to the NTP to consolidate all of the NIH/NTP activities.

This transfer resulted from a request by the Director of the National Cancer Institute. The NTP has allowed us by forming a way of dealing with the setting of priorities throughout the Public Health Service in toxicology to bring the best minds to bear on the kind of problem.

This arrangement has allowed us to withstand some of the budget restrictions and at the same time get at least as much work done.

Mr. **Kramer**. If OSHA and MSHA are not in basically relying on a very close everyday relationship on NIOSH for its research in terms of the data base it uses to promulgate a regulation, where is it getting the stuff from?

Dr. **Brandt**. The data base now is being generated in Cincinnati or Oregon. It is not being generated in Washington.

Mr. **Kramer**. Would you say OSHA and MSHA are relying exclusively or largely or significantly on NIOSH's research or are they turning to other places for that research?

Dr. **Brandt**. I think they are relying primarily on NIOSH for their decisions and I think there have been some changes made in the past few months. It is my understanding that the leadership at OSHA is going to rely on NIOSH for the data. But irrespective of where the Director's office is, that data is still going to be generated in the research laboratories of NIOSH, which are principally located in Morgantown and Cincinnati.

This move will not affect those laboratories. It will, however, permit us to put the people writing some of the criteria documents in contact directly with the scientists on a day-by-day basis which we see as an extremely important aspect.

Mr. **Kramer**. Do you think it makes good sense to have the MSHA and OSHA research arm not only independent of MSHA and OSHA but in a totally different department or would it make more sense to have NIOSH in the Department of Labor as either a part of MSHA or OSHA or both, or at least as a separate research entity within the Department of Labor so there would be a closer working relationship between OSHA and MSHA and the research aspect than maybe there would be if you are looking at a cross departmental thing located many hundreds of miles apart.

Dr. **Brandt**. My own view is that the regulatory function is one that should be based upon independent scientific information. I think that having NIOSH as the scientific arm, generating the information, supplying it to OSHA, which can then again be independent in their judgment as to whether or not regulations need be promulgated and, if so what kinds of regulations need be promulgated is a sensible way to proceed.

I think it is one that is supportable and I personally think is strong.

Mr. **Kramer**. Mr. Chairman, I don't know whether the election results have been finalized or not but perhaps we can get a report in a few minutes.

Mr. **Gaydos**. Thank you, Mr. Kramer.

Before I turn you over to Mr. Kogovsek, let me ask you something, Doctor. Assuming that all the positions you have offered to our good people here are accepted and all of them transfer, how are you going to effect a cost savings?

Dr. **Brandt**. Ultimately, we anticipate that there would be costsaving in part coming from attrition down the road as we begin to effect some management consolidation and other things. Of course we will have this direct saving of the space. We will have other kinds of savings that can be effected early on.

Mr. **Gaydos**. Doctor, getting back to the question of the proposed transfer of NIOSH's operation from Rockville, Md., does this proposed transfer pose long-range effects on NIOSH's ability to properly carry out its statutory mandate?

We want to know generally how good or bad these effects will be. I have before me a letter from Congressman Levitas. I will show you my impartiality. I did not try to hide it or lose it. It is one affirming your position.

I personally may not agree with it but it is one affirmation of the position you take and we do have a lot of requests from other people to testify before the committee. I wonder how you would feel, and if you would at this time assure the committee that any transfer, proposed transfer, would be at least temporarily suspended pending the completion of our hearings right after the August recess in September. The early part of September.

Are you in position to consider that or to give me some assurance that there would be no transfer until the time we completed the hearings?

Dr. **Brandt**. I am not in position to give you that kind of assurance. I am in position to go to the Secretary with it. I think, however, in our view, Dr. Millar, as the Director of NIOSH, is in Atlanta and that is, in our opinion, the Director's office.

Mr. **Gaydos**. You are going to be dealing with this committee awhile and I hope to be around for a little while. I would think that it would not be too inappropriate to try to accommodate the committee along those lines.

Hopefully, you might possibly arrange a situation where we can have the rest of the witnesses on and conclude the hearing, and in the meantime, maybe you can do some reanalyzing and possibly maybe make some changes.

We had a couple of Senators here who felt so involved that they personally appeared and that is pretty unusual for that other body to come over here. I want you to know that. They must feel very excited about what is occurring for them to appear.

I thought in the spirit of cooperation, possibly there might be some partial compromise we might be able to effect, so I would appreciate you taking that message back. And before I turn you again over to Mr. Kogovsek, let me ask you, I have been watching you with that notebook and I know all your responses have been most sincere and accurate—and I would like to see that notebook and I am asking you if you would leave that notebook with the committee when you leave.

Dr. **Brandt**. I am afraid that notebook has a lot of my notes in it.

Mr. **Gaydos**. There may be answers in that notebook.

Dr. **Brandt**. Yes. We did consider this situation in some detail. It is not a precipitous action in that sense.

You asked a question a moment ago, Mr. Chairman, that you did not pursue but that I would like to pursue. That is, in terms of the long-term effect on NIOSH, the purpose of this move, the purpose of this change was to make NIOSH better able to achieve its mission by giving it access to a lot of other expertise. That is the purpose of it.

We then looked at the cost secondarily to try to determine whether or not we could afford it, whether or not the benefits in fact were worth the cost, and found in fact they are. Therefore, I think in terms of answering your question we believe that the mission of NIOSH and ultimately the workers of this country who will benefit from this move over the long haul.

Otherwise, I personally would not be in favor. If it was solely to save money or solely for some other reason I would as soon not do it.

Mr. **Gaydos**. I am susceptible and willing to be convinced but I have to be frank with you, the splitting and the transfer to me just has not been justified to date.

I don't question your sincerity in wanting to make NIOSH effective and to perform that which is obligated and statutorily required.

I don't question your sincerity but I have difficulty, and I say that most sincerely, difficulty in following the trend of reasoning that such a transfer to Cincinnati, and to Atlanta, would effectuate what you intend to do.

I don't question your feeling on it. A lot of people share my belief and we will be hearing from some of them.

Dr. **Brandt**. It has been my experience that reasonable people do differ.

Mr. **Gaydos**. Mr. Kogovsek.

Mr. **Kogovsek**. Thank you, Mr. Chairman.

Dr. Brandt, I came in after you started your testimony. My staff person tells me you alluded to the fact if there were some employees who lose their job because they decided to stay there would be some process to help them find another job.

Dr. **Brandt**. Yes, sir.

Mr. **Kogovsek**. What is that process?

Dr. **Brandt**. We have an outplacement program going on. We are in contact with the other Public Health Service agencies and with certain categories of clerical and other people. In the Rockville area, at least according to data I have been provided, we probably can absorb all of the personnel into existing jobs.

We are attempting to identify openings with other employers in the area for those people who elect not to come.

Mr. Watson, Dr. Foege, are both personally involved in seeing that this transition for those people who chose to move or for the people who chose not to move will be as easy as it can possibly be.

Mr. **Kogovsek**. Do you have any past experience in this area of relocation and so on?

Dr. **Brandt**. Do I personally have any? No.

Mr. **Kogovsek**. Does HHS?

Mr. **Watson**. I have, sir. I have been involved in nine such moves of operations from Washington to Atlanta on the part of CDC, including one in which I was on the receiving end.

Mr. **Kogovsek**. And you would tend to say it is a fairly effective process.

Mr. **Watson**. Sir, the people involved have problems. There is no question about that. Over half of them, I guess, will not be able to move and they have real personal problems.

We are doing everything we can to assist them with those problems, including trying to find them jobs and we will do everything we can to do that.

Mr. **Kogovsek**. The reason I asked that question is because—and I don't want to compare you with the Department of Defense—but not too long ago I think in the District of southern Colorado we had a situation where 1,800 people were going to be moved out and shipped to other depot activities, and so on.

The Department of Army said they had some similar approach that nobody would lose their job. They would find slots on the places and so on only to find out a year later the whole process was not that effective and most of the people that were assured there would be something waiting for them someplace in the country only found out that that was not true.

So what I am saying is if the Federal employees are banking on the system, I would say to them to be somewhat wary that it can work.

Let me—Doctor, you might have answered these questions. Health hazard evaluation represents an important part of the work NIOSH does. What kind of curtailment will be imposed on health hazard evaluations by the expenses involved in this move?

Dr. **Brandt**. We don't anticipate the expense involved in this move will have that impact. As we testified earlier we believe we will be able to respond to every request that comes in for health hazard evaluation, although we may not be able to do them in exactly the same way as we have in the past we do not anticipate problems.

Mr. **Kogovsek**. There is a parallel plan to curtail health hazard evaluation by regional offices. It is my understanding almost half of the evaluations done are done in regions. How many health hazard evaluations will be done in the fiscal year to come?

Dr. **Brandt**. I can't tell you that, but let me address the plan that you were talking about. We have been looking at alternative ways to approach the health hazard evaluation in the region versus centrally. There have been developed cost estimates and other kinds of managerial data from both worst case, if you will, to a best case circumstance. No final decision has been made about any of those.

There has been talk all the way from centralizing it completely to reducing the number of regions involved and other things.

We have not as yet made a final cut on that.

Mr. **Kogovsek**. The Philadelphia regional office, region 3, is one of the most active in the Nation, it is my understanding, in regard to health hazard evaluation.

Why was this one of the four regional offices chosen for elimination of health hazard evaluation?

Dr. **Brandt**. No decision has been made about that, sir. Again, somebody apparently has gotten hold of the worst case circumstance, but there has been no decision made about that.

Mr. **Kogovsek**. A June memorandum says that health hazard evaluation requests formerly handled in Philadelphia will be picked up in part by Rockville, Md.; is that true?

Dr. **Brandt**. No, sir.

Mr. **Kogovsek**. Because if it were, my question would have been how can this happen under current plans to move everything from Rockville, but that is erroneous.

Was there such a memorandum?

Dr. **Foege**. I want to be sure we don't mislead you. We do health hazard evaluations in different ways and we have been testing out recently the idea of cooperative agreement with schools of Public Health or with State agencies, the idea being to see if we can do health hazard evaluations with less Federal manpower.

So there have been changes in how we do this but I think the bottom line is we do about 400 of these a year. We will continue to meet the requests for health hazard evaluations.

Mr. Kogovsek. Thank you, Mr. Chairman. I don't have any other questions.

Mr. Gaydos. Dr. Watson, in an earlier meeting with NIOSH employees, it has been reported you spoke of the disadvantages of running an agency like NIOSH in this company town.

Now, the question I have is what did you mean by company town and; second, what are the disadvantages that you refer to?

Would you respond to that?

Mr. Watson. The same kind of things that Dr. Foege and Dr. Brandt have talked about. They are a headquarters operation of the Center for Disease Control and the only one not located in Atlanta and moving NIOSH would lead to program and administrative efficiencies.

Mr. Gaydos. Did you use the term company town?

Mr. Watson. Sir, that was tape recorded and I don't remember using it but it is on tape and if I used it, it is there for the record.

The union asked that it be taped. I don't remember using that term.

Mr. Gaydos. What would your usual connotation of that word be? How do you use that word usually?

Mr. Watson. I have heard that term used in referring to Washington. Government is the business of Washington.

Mr. Gaydos. But it is nothing in derogation of unions?

Mr. Watson. Absolutely not. I have worked for the Government for 35 years and I do not denigrate it.

Mr. Gaydos. This advantage is as you outlined.

Mr. Watson. Yes, sir.

Mr. Gaydos. I would like for you, if you can, Dr. Brandt, to supply to the committee as soon as possible within your schedule, a copy of the memorandum which set out the reasons and recommendations for moving NIOSH, signed by Mr. Foege and approved by you, which was forwarded to Secretary Schweiker.

I would like to have that memorandum, the entire memorandum, in the record.

Dr. Brandt. All right, sir.

Mr. Gaydos. I would like you to also carry on behalf of the committee to Secretary Schweiker—and I will call him personally as there are other things I want to talk about—the position of some of us who are members on the Education and Labor Committee, which has been in the past intimately involved in this legislation and are now—our analysis of the upcoming appropriations, et cetera.

I will be talking to secretary Schweiker and making the same request. In the meantime, he will have been prepared and probably be asking you for memoranda and facts to justify his decision on my request to postpone for a reasonable period of time any physical move pending the committee's ability to conclude the hearings.

I am telling you and, hopefully, you will convey that message, and I will tell him personally we will act expeditiously upon our return on the assumption that he does voluntarily, in the spirit of cooperation, give serious consideration and affirmative action to that request for postponement.

Are there any other questions of any other members? Does counsel have any questions?

I want to thank you for your forthright appearance.

Our next panel is Mr. Kenneth Blaylock, national president, AFGE; Joseph Cook, Jr., president, Local 41, AFGE, and Darlene Christian, vice president, Local 41, AFGE.

Without objection, I would like to include for the permanent record in these proceedings a letter addressed to myself as chairman of the subcommittee by Congressman Elliott H. Levitas, wherein he sets forth his position regarding the matter under hearing at this time.

Without objection, it is so ordered. Without objection, the statements of panel No. 3, headed by President Blaylock, will be made a part of the official record.

[The letter referred to above follows:]

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Congress of the United States
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Washington, D.C. 20515

PUBLIC WORKS AND
TRANSPORTATION COMMITTEE
SUBCOMMITTEES:
CHAIRMAN, INVESTIGATIONS AND
OVERSIGHT
AVIATION
PUBLIC BUILDINGS AND GROUNDS

GOVERNMENT OPERATIONS
COMMITTEE
SUBCOMMITTEES:
LEGISLATION AND NATIONAL SECURITY
INTERGOVERNMENTAL RELATIONS
AND HUMAN RESOURCES

Zone Whip

July 27, 1981

The Honorable Joseph M. Gaydos
Chairman
Subcommittee on Health and Safety
B345A Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

I have learned that the Subcommittee on Health and Safety will conduct an oversight hearing concerning the announced move of the National Institutes for Occupational Safety and Health (NIOSH) headquarters functions to Atlanta, Georgia. I wish to go on record with the Subcommittee as being in full and enthusiastic support of this transfer. By moving NIOSH headquarters to Atlanta, all the various branches under the CDC umbrella will be headquartered in one central location. I am very familiar with the Centers for Disease Control. Many of its employees are my constituents. The high esprit de corps of CDC is a welcomed addition to our community. Through them, through the news media, and through my own contact with that organization, I am aware of its outstanding reputation as a scientific organization that successfully combines the objectivity and thoroughness of scientific inquiry with the responsiveness in the public service. The breadth and depth of CDC is captured in the attached excerpt from a reproduction of a feature article which appeared in our local papers earlier this year. I request that this article become a part of the record along with this letter.

I am proud that the main facilities of CDC are in my District and I am pleased that the NIOSH headquarters will soon be there also. DeKalb County is a wonderful area in which to live and work. Our community has an excellent school system; housing, both rental and purchase is relatively inexpensive; and our public transportation system is both efficient and comprehensive. I look forward to welcoming the NIOSH staff and extend to them the offer to help them in any way that I and my staff can in making the transition a smooth experience.

Respectfully yours,

Elliott H. Levitas

ELLIOTT H. LEVITAS
Member of Congress

EHL:njo

BEST DOCUMENT AVAILABLE

extra

CDC Wages Micro War In Test Tube

By CELIA SIBLEY

If it were not for a lowly insect, called anopheles gambiae, the Centers for Disease Control might never have been created.

Anopheles gambiae is the proper name for a type of mosquito, one that packs quite a wallop — malaria.

CDC evolved from the initial federal effort to kill off that lowly insect and the disease. From only a few hundred dedicated people working to eradicate malaria to the present facility's work force of 4,000, half of whom are located elsewhere around the country and the world, CDC has learned to change with the times and tackle new health problems.

Its reputation is unequaled in the education, prevention, research and control of mankind's ailments and suicidal habits. In fact, just about everyone is familiar with this facility on Clifton Road near Emory University. You could even say CDC is a household word.

This is where research is done on such odd and often deadly diseases as Lassa fever, Pontiac fever, the more recent and famous puzzler Legionnaire's disease, and toxic shock syndrome. Venereal disease, hepatitis, tuberculosis and the donor approach versus dialysis in the treatment of kidney disease, are studied. Measles, the red common kind, are in the process of being eliminated from the U.S. Target date is October 1982.

Epidemiological detective work can be the exciting side of working for CDC. Teaching facilities and people pushing paper for reams of studies are another, bigger side of CDC.

Drawing headlines is work done by people like Dr. Donald Millar, assistant surgeon general and director of the Center for Environmental Health.

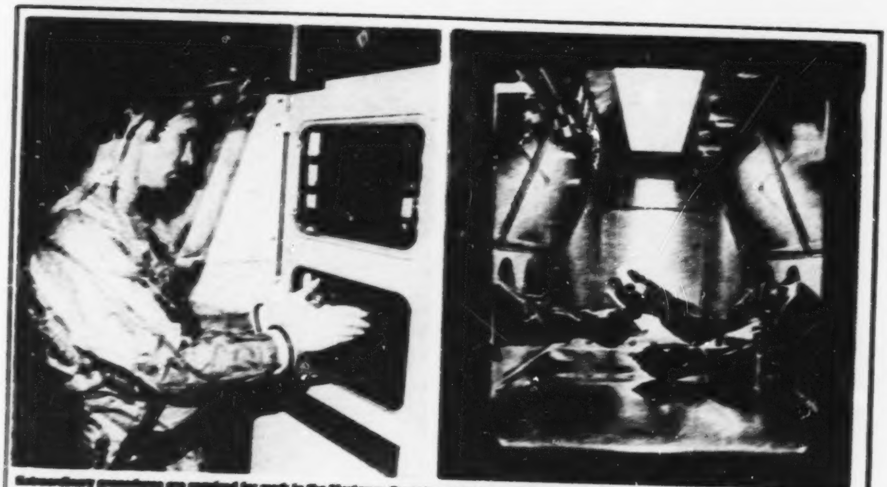
Millar was part of the campaign in West Africa to eradicate smallpox. Thanks to doctors and scientists like himself, the world was declared free of smallpox in 1979. "Transmission interruption" is the way Millar puts it. At that same time red measles, which inflicted a lot of damage to African children, was eradicated there.

The Cadillac of public health services has solved some of the most ticklish medical conundrums, winning the center international respect. Many developing nations look to CDC to learn how to duplicate its techniques for their own countries. The original project has mushroomed from lowly beginnings to greatness.

Naturally some of the work done by the scientists here involves a certain amount of danger. Dr. John Richardson, CDC safety officer, said new security is being developed for the center, one that will

The six Centers for Disease Control handle a wide variety of health problems. Here microbiologist Stan Bauer works with bacteria in one of the main labs near Emory University. The CDC also has extensive education and public health programs. (Photo — Steve Boyd)

COVER STORY



Extraordinary precautions are required for work in the Maximum Containment Lab. A CDC worker in full dress (l) works with the [illegible]. Gloved arms (r) perform a delicate specimen transfer.

Scientific Army Combats Microscopic Enemies

involve a closed-circuit television system.

He is proud of CDC's safety record. "Between the years 1946 and 1972, 109 lab-connected infections occurred. There was never a secondary infection in the community." In fact, lab-connected fatalities total only two. Both employees died from Rocky Mountain Spotted Fever and had access to labs where research was going on at that time.

From CDC's first charge to eradicate malaria, the center's major objectives have now expanded to prevent all unnecessary morbidity and mortality. Quite a prescription indeed. And it requires a bureaucracy to get the job done. The budget is huge, more than [illegible] million this year. Last October, Health and Human Services Secretary Patricia Harris announced realignment of divisions within CDC and the name change to Centers for Disease Control.

The immediate aim for people at the Centers for Disease Control is to assure (and endure) smooth transition of the reorganization. The divisions have been changed to six major centers: the Center for Prevention Services, the Center for Environmental Health, the National Institute for Occupational Safety and Health, the Center for Health Promotion and Education, the Center for Professional Development and Training and the Center for Infectious Diseases.

Of these centers, perhaps the busiest is the one headed by Miller, the Center for Environmental Health. "The big item at the moment is the question of toxic dumps. Nobody has ever died of a toxic dump. But people are very concerned because they are toxic. How much risk is there? If we knew the answer to that question the public would not be as anxious." There are between 30,000 and 50,000 toxic dumps in this country, he said.

Toxic chemicals are investigated at the Chamblee complex, located near Peachtree-DeKalb Airport. The associate director for clinical chemistry, Dr. Alan Mather [illegible] employed, and his department works on toxicology, analytical biochemistry, metabolic biochemistry and nutritional biochemistry. Studies have been done in conjunction with the National Eye Institute and National Heart, Lung and Blood Institute.

"We are primarily interested in the improvement of chemical laboratories. We're providing the control lab for the study on the effects on the retina from diabetes," Mather said.

"We work to improve laboratory proficiency. Emphasis is on reference methods. We are not involved in proficiency testing and licensure. We hope to improve the diagnosis of diseases and the standardization of them. We assist other parts of CDC in response to emergency outbreaks. We want to find out in a hurry what, where from and how to contain it. We identify what part of the population is exposed. Clean up is left up to the state."

A lot of various business takes place in Chamblee. One study about to be completed is on PCB, polychlorinated biphenyl. The [illegible] fire retardant somehow got into the food chain after being put in cattle feed in Michigan, and the result was fear and health impairment for people as well as animals.

A limited-access laboratory will soon be completed at this location. In addition to regular labs at both locations, the Clifton Road complex has two maximum-containment lab areas so scientists can do diagnostic work on Class IV organisms, for which there is no vaccine or treatment.

Miller headed a committee which set the new direction for all six centers. The committee addressed itself to current trends in health problems and defined which should receive highest priority. Then they set out strategy to combat those problems. Their recommendations were incorporated into CDC planning for the future.

CDC will continue to provide support to all public health control efforts in epidemiology, disease surveillance, laboratory services and training. Attention will be directed to infectious diseases, new and chronic disease, occupational health, international health and medical ethics.

"We need to describe in a meaningful way the real risks that people face in all stages of life, from conception to death," Miller said.

"The big one is accidents, at home, work and during recreation. It's the most common cause of premature death in the U.S. for those from toddler age to 35. After that you get chronic disease. We want to keep it in some perspective. We plan to increase the capability of states to deal with the problem, to assist in the development of methods of diagnosis as the facts are clear, and design ways to deal with these problems in three fields: epidemiology, laboratory and environmental.

"Life threatening situations are not a major part of what we do," he continued. "It gets more publicity but lots of work here addresses itself to more garden variety activities. Health education is what we do," he emphasized.

If the link between the public and CDC is the state, then lots of people still think the direct route is better. Calls come in regularly for help with many medical problems, such as dog bites. CDC has an officer, rotated from a host of volunteers, on duty 24 hours a day. The officer assists the public and refers the call to a local agency if necessary.

Sometimes CDC is the only available way for people to get a needed drug. For example, certain parasitic drugs are not licensed in the U.S. CDC can get the drug, under medical consultation, if the Federal Drug Administration approves. Often a doctor will administer an "inves-

COVER STORY

tigation drug," and evaluate its use for eventual U.S. approval.

On the lighter side, the human element is apparent among technicians and scientists at CDC. Six different colors of masking tape sit on the counter in one of the Chamblee toxicology labs. Do they define levels of toxicity? No, lab chemist Susan Head smiled and said, "they're just to add variety to our jobs."

Variety is rampant. The Center for Prevention Services specializes in venereal disease control, diabetes, kidney donor activities, tuberculosis control, and dental disease, including flouridation. It also covers the quarantine division and health incentive grants.

Windell Bradford, center assistant director, said, "We are concentrating on the prevention of gonorrhea, trying to prevent pelvic inflammation disease. Herpes is a major problem. And lot's of communities still don't have flouride."

No lab work goes on in this particular center, he said. "New technology is coming. It needs an organized approach. We are the operational-informational arm of CDC."

As Dr. Walter Dowdle, director for the Center for Infectious Diseases, describes work done in his center, "You can see the affect down the road." If not instantly, at least those who work in this area do get gratification. More is probably known about this part of CDC because immunization is such a part of life nowadays. Flu shots are given to adults, DPT to babies and typhoid and other inoculations to travelers overseas.

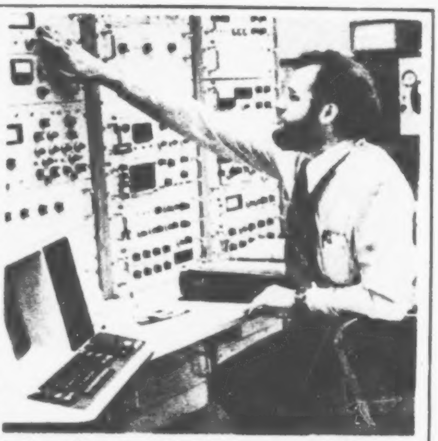
"It is far from true that everything (about viruses and germs) has been taken care of. We can diagnose only one-half of the 150 viruses or so that cause respiratory disease. We're working on toxic shock syndrome at present," said Dowdle.

"Even though other diseases have become more in the public light, like the control of smallpox, in the process one must not forget the total load of infectious disease and what they cause. We have to keep working in this area."

Historically, CDC always has attracted scientists and doctors from around the country. The best who could be enticed and persuaded were put to work to conquer malaria. Back in the '40s when many servicemen were coming home from war, ribbons and the momentoes of war were not all they brought back — many had malaria, dengue, Japanese B encephalitis and other exotic illnesses.

The army did not have enough skilled personnel to defend them like they had defended our country. Forerunner of CDC, the Office of Malaria Control in War Areas was established in 1942. The logical location to put the center was the southeastern United States because of the many military installations throughout the area. It was a perfect research site, and loaded with mosquitoes and malaria, from Texas to Virginia.

But the name was changed to the Communicable Disease Center of the United States Public Health Service on July 1, 1946. As time went on interests of CDC began to include infectious diseases as well as those that are vector-borne. The center became involved in international infectious disease control by the '60s.



Dr. James Holler operates the single most expensive piece of equipment ($543,000) used by the CDC. This mass-spectrophotometer is used for identifying and measuring low concentrations of organic compounds. (Photo — Nena Boyd)

The federal government got into the act in the containment and prevention of illness because of an outbreak of amebic disease in Chicago in 1933. It was a sad lesson. People died because of unprepared public health facilities. They were simply unable to cope with the epidemic.

Dr. Marion Brooke, associate director of the laboratory training and consultation division and associate professor at Emory Medical School, worked with the original malaria control project and is still with CDC.

"Towards the end of the war the government recognized this competence was needed throughout the country for other purposes," he said. "Never had public health had the responsibility to protect (the public). There have been many physical changes along the way and broadened activities."

In the beginning, one CDC facility was located in the Baptist Book Store building, at Baker and Peachtree streets, he said. This is near the present site of the Hyatt Regency Hotel.

"Most labs were out in Chamblee at the Veterans Administration Hospital. As more and more responsibilities in many areas were added, Emory University gave the federal government 15 acres on Clifton Road. It was then we were put on the Emory faculty."

Boisfeuillet Jones, president of four foundations in the interest of Emory benefactor Robert W. Woodruff, tells the story of how CDC received the land around 1946. "Mr. Woodruff made available to Emory the resources needed to secure 15 acres adjacent to the campus. In the late '50s the federal government finally built on it." Up to that time money could not be appropriated. "During the

"The big item at the moment is the question of toxic dumps. Nobody has ever died of a toxic dump. But people are very concerned because they are toxic. How much risk is there?" — Dr. Donald Miller, director for the Center for Environmental Health. (Photo — Nena Boyd)

COVER STORY

The CDC is a spiderweb of buildings and laboratories. Here is the main building on Clifton Road near Emory University. (Photo — Nona Boyd)

Dr. Ad Olansky works in a laboratory specializing in the study of lipids. This research is conducted in conjunction with the Heart Blood Institute. (Photo — Nona Boyd)

From Previous Page

Eisenhower administration the appropriation was finally gotten under a construction-lease project. Very few projects were under this program."

Finally on May 11, 1964, Mrs. Lyndon B. Johnson lifted a spade at the official groundbreaking ceremonies for the Clifton Road headquarters.

Jones said of the Emory connection, "After the original malaria control program, some doctors interested in both Emory and the (malaria) program got then-Surgeon General Dr. Thomas J. Parran to agree to continue programs at the lab in Chamblee. By 1949 the work done had become so important, and the close relationship between the Emory Medical School and the program made close proximity desirable."

Brooke took part in epidemics in earlier days. "We had to train people in diagnosis, consult during an epidemic and produce reagents. In a way the laboratory and epidemiology are being brought together again," he said, in reference to recent restructuring at CDC.

In recent years, he has been instrumental in the training of many state public health laboratory directors. "In 1963 or '64 many directors were retiring and very few state laboratory directors were at the doctorate level." Although the private sector is more lucrative, Brooke says public health draws employees because of the challenging type of work in which they are involved. "In private practice you can treat individuals. In the public, problems are statewide. CDC has a service orientation. It's preventive medicine as opposed to curative.

"The first lab was quite small, about two dozen people. During the war we wore uniforms. Most of us were commissioned the equivalent of a captain."

"Now, CDC can use people of any type of competence, writers, engravers, artists." Widened interests have meant a need for just about every trade, not just scientists and doctors, managers and technicians.

The future for CDC will involve terrifying chemical spills and dumps, radiation, responding to numerous emergencies, the vigorous promotion of programs aimed at lifestyles (such as smoking), disease control, and better occupational health and safety.

As Tony Scardaci, associate director of the Center for Prevention Services said, "In comparison with others in health fields, we tend to be on the leading edge. It's an exciting place to work."

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Public Health Service
Centers for Disease Control
from the *DeKalb Extra*, January 29, 1981, pp. 1, 4-6.

Mr. GAYDOS. Mr. Blaylock, you may proceed in the manner that best fits your purpose.

[The prepared statement of Kenneth Blaylock follows:]

PREPARED STATEMENT OF KENNETH T. BLAYLOCK, NATIONAL PRESIDENT, AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

The American Federation of Government Employees, AFL-CIO, is pleased to have the opportunity to appear and testify on the proposal to transfer the headquarters of the National Institute of Safety and Health to Atlanta, Georgia. AFGE represents over 700,000 personnel in the Executive Branch of government for purposes of collective bargaining under Title VII of the Civil Service Reform Act of 1978.

We would first like to compliment this Subcommittee and its distinguished Chairman for the pioneering work done in the area of occupational health and safety. As you know, progress in implementing effective OSHA programs in Executive Branch agencies has been significantly slower than in the private sector. The Education and Labor Committee, however, has been instrumental in assisting this union to focus congressional attention on the serious, unresolved health and safety problems in the Federal government. With the signing of the Executive Order in 1979, however, AFGE now hopes that new progress will be possible, even under the new Administration.

We are testifying today in strong opposition to the proposal by the Center for Disease Control to relocate the administrative offices of NIOSH to Atlanta, and the technical staff to Cincinnati, Ohio.

The official rationale for the move, of course, is that the Center for Disease Control in Atlanta seeks to "consolidate" its functions in the name of greater efficiency. Yet even a casual examination of the facts clearly indicates that many more administrative problems will be created than eliminated by this relocation.

First, we understand the move will be expensive not only for the employee who will be forced to relocate, but also for NIOSH itself. We estimate that the costs of the transfer of functions could amount to between six and ten million dollars, which is approximately 10 to 15 percent of a total fiscal year 1982 NIOSH budget of 58.8 million dollars that has already been reduced by 30 percent from the previous fiscal year. Further, there are numerous "hidden costs" associated with this proposal, some of which must be absorbed by the employees themselves. For example, NIOSH personnel who wish to relocate to Atlanta will be forced to sell their homes in depressed housing market here in Washington, D.C. and purchase new homes when interest rates are high. Those employees who do not wish to take substantial losses in this fashion will leave the agency, and it will be expensive to recruit and train new occupants for their positions.

I would also like to stress that new administrative burdens will be imposed on NIOSH if it is shifted from the Washington, D.C. area. As you know, NIOSH is mandated by statute to work closely with the Mine Safety and Health Administration and the Occupational Safety and Health Administration, whereas it merely reports to the parent CDC. In Atlanta, NIOSH would then be far removed from those governmental and congressional entities which depend upon it and it in return depends upon for guidance, support and cooperation. In short, the relocation of NIOSH would tend to take it "out of the action" in the field of occupational safety and health, and it is likely the quality of its research and other contributions would suffer as a result.

But perhaps this is the intent of the new Administration, which perfers not to attack NIOSH directly but resorts to playing games with the lives of people instead. Perhaps the Administration will wait a year, or two, before they tell these relocated employees there will be new budget cutbacks, new reductions-in-force, and new disappointments and financial hardships.

Mr. Chairman, I find such callousness shocking, particularly in view of the superior performance of the NIOSH team. They have been of considerable assistance to this union as we have sought to raise public awareness about occupational hazards in the Federal workplace. There is much more work to be done. The ongoing tragedy at Hill Air Force Base in Ogden, Utah, which has been the subject of congressional hearings and national media attention, demonstrates the huge gaps in scientific knowledge of the long-term effects of dangerous chemicals and solvents on personnel who handle them. This is no time for the Federal government to lessen its commitment to occupational health and safety, and it is no time to penalize those who have dedicated their lives and careers to the well-being of America's workers.

This concludes my statement, and I would be pleased to answer any questions you may have.

STATEMENT OF KENNETH T. BLAYLOCK, NATIONAL PRESIDENT, AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mr. BLAYLOCK. Thank you, Mr. Chairman.

As the union representing the employees involved in this proposal, we appreciate very much the opportunity to appear before this committee today and we would also like to express our appreciation to the committee and its chairman for the pioneering work being done in the area of occupational health and safety.

As you know, progress in implementing effective OSHA programs in executive branch agencies has been significantly slower than in the private sector.

The Education and Labor Committee, however, has been instrumental in assisting this union to focus congressional attention on the serious unresolved health and safety problems in the Federal Government.

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The official rationale for the move, of course, is that the CDC in Atlanta seeks to "consolidate" its functions in the name of greater efficiency.

I have been in the Federal Government for 27 years and been representing Federal workers for 20 of those years. We have seen a lot of reorganization by the Federal agencies and all of them are supposedly in the name of efficiency and more effectiveness. But I think this one, in my opinion, in my experience really goes beyond, way beyond, the normal reorganization and rationale, in our opinion, does not even meet the normal criteria given.

If you look at the rationale that was prepared by the agency they are telling the Congress that transferring the administrative management of NIOSH to CDC headquarters should strengthen—they don't say it will—should strengthen the Institute's administrative management.

They say it should make it possible over a time—they don't say what time—to accomplish savings in overhead requirements.

It has already been illustrated by one of the members of the committee, and we have had many experiences, very few of these reorganizations have proven to improve Government as much as the agency proposed; if they had the Congress would not be today tangling with how we finally make this Government work better than it is working.

The American people would not be as disgruntled with Government operations and the services provided as they are.

I would like to make another point. The whole paper—and we reviewed all the papers that have been produced by the agency that gives a rational reasoning for the move—they say it will strengthen the program and administrative management of this institution and improve cooperation between research division and documentation development.

Everything we read directs itself at accommodating the agency itself. Now, unless I am badly wrong, Congress normally authorizes and appropriates funds for agencies and agency programs to serve a constituency of the American people.

This particular agency mission is to accommodate the needs of the workers of this country in providing safe and healthy worksites. Nowhere in any of the testimony, nowhere in any of the materials prepared by the agency, is there any shred of evidence or any statement that the agency is not working as it is. In fact, all parties who deal with the agency and who have its specifics speak very highly of the agency and its current operation.

There is an old saying around if it works, don't fix it. We don't have too many of these agencies of government today that are working, so just from my point of view we would suggest and request the Congress to look at this proposal very strongly.

There are some hidden costs in this proposal. There have been figures thrown around as to what it was going to cost. You can project that over 5- or 10-year period and say we may save some money down the road. We challenge those figures and we hope the committee challenges those figures very seriously.

They talked about moving household goods of employees and they talked about severance pay. They talked about relocation of some furniture. There are six prime contractors that this agency deals with in this area. Something is going to have to happen with those contractors.

They talk about curtailing their own budget as far as travel is concerned. In most of the agencies they deal with there are well over 1,000 panel-type meetings. These are relations that go on with headquarters of some of the different agencies on a day-to-day basis.

Are those agencies now going to have to budget to send 3, 5, 6, 10 people to Atlanta on a day-to-day basis because there are day-to-day relationships going on between the people in this room and other people they represent in the different programs, people from all these agencies?

There is going to be a tremendous cost increase in communication and actual work. You can communicate by the telephone, but that takes me to another point that is being made in the coordination of administrative policy. Part of the proposal is that they would be under a better coordinated policy of CDC.

I am not sure what they mean by that. But I do know that every Federal agency that we have that is located in headquarters and that agency has regulations that every field office must abide by.

So to say you have to have them sitting there in your front room in order to get them to comply with your policies or coordinate the policies really says all the rest of the agencies of Government somehow are not operating properly.

We would like to stress the costs of the new administrative burdens that will be imposed on NIOSH if it is shifted from Washington. As you know, NIOSH is mandated by statute to work closely with Mine Safety and Health Administration, Occupational Safety and Health Administration. And it merely reports to the parent CDC.

There was some valid intent in the structure of that and giving NIOSH a semiindependent status because of the professional and technical nature of its work, to make sure that NIOSH did have sufficient professional independence as an entity to go into the worksite and deal with the worksite situation and provide the support to MSHA and to OSHA in regards to the purpose for which it was intended.

Again we have serious concerns when we hear the administration say we strongly support the OSHA while we sense on one hand they are totally abolishing the public hospital system and now they propose to fragment and disburse the research agency for worker safety and consolidate it so they have better control over it with no indication at any point that it is going to make the agency work better or that the agency is not working now.

Third, Mr. Chairman, I would summarize by saying again in my experience with Government, we have seen a lot of appointments made—and we are not here to challenge the credentials of Dr. Millar—but it is the first time in my experience that I have ever seen an appointment made and part of the negotiations not been that you are going to have to move to Washington, and suffer the economic hardships that occur in the area when you make that kind of move. But an agreement is made that we are going to move the agency to you if you will take it.

That seems to be what we have here. Nobody thought about moving the agency until it was determined where the Director was going to come from and now we are going to move 157 families rather than moving one and that does not make any sense to us.

Mr. Chairman, Joe Cook, president of the local 41 that represents these employees, has a brief statement he would also like to make for the record and we will be glad to acknowledge any questions.

[The prepared statement of Joseph Cook follows:]

Prepared Statement of Joseph E. Cook, Jr., President, Local 41, American Federation of Government Employees, AFL-CIO, Accompanied by Darlene Christian, Vice-President, Local 41, NIOSH Unit

We are here today as the exclusive representative of the majority of Headquarters employees in this Department of Health and Human Services. I want to thank you for this opportunity to present information that is vital in helping the public and the Congress see the importance of preventing the proposed reorganization of the National Institute for Occupational Safety and Health (NIOSH) and transfer of Washington, D.C. area employees to Atlanta and Cincinnati.

First of all, given the poltically sensitive nature and the history of discussion concerning the organizational and geographic location of NIOSH, we believe the Department is showing a cavalier disregard for the viewpoint and rights of interested parties in blatantly violating the law, regulations, and sound management practices in even developing this proposal.

Secondly, not only do we believe that the proposal would cause great personal hardship for the 157 NIOSH employees and generate more costs than savings, we also believe this proposal would cripple the Federal Government's capacity to carry out the Congressional statutory mandates of NIOSH.

We can appreciate the fact that as a Senator from Pennsylvania, Secretary Schweiker played a significant role in the enactment of hte Occuptional Safety and Health Act legislation. We are not here to impugn the Secretary's personal intentions or motives for sanctioning this move. We are here to condemn the decision making process used in developing this proposal, the adverse effects of this proposal on the American people, and the general pattern we find emerging that sacrifices the health and lives of working people to profit and the expediency of organized business.

NIOSH DISMANTLING PART OF A PATTERN OF ATTACK ON HEALTH AND SAFETY

With the shutdown of auto and steel plants throwing half a million people out of work, organized business and their representatives are challenging occupational safety and health standards as economically unfeasible and discouraging production.

The previous Director of NIOSH was fired in the second of his six year term immediately after the Chamber of Commerce labeled him as a "social activist" and "champion of the working class." The Heritage Foundation has proposed to drop Occupational Safety and Health Administration (OSHA) enforcement powers in favor of "achievable goals" and "suggestions" for workplace safety.

The new Assistant Secretary for OSHA, Thorne B. Auchter, ordered the burning of over 100,000 OSHA pamphlets on Brown Lung because he felt the cover portrait was "offensive," "anti-business," and "clearly favorable to labor."

But health and safety is a non-partisan issue that runs deep in the hearts and minds of the American people. The House and the Senate both overwhelmingly condemned the Administration's sole vote against a World Health Organization ethical code for marketing baby formula in third world countries. The Supreme Court threw out the appeals of the Administration to drop OSHA regulations that are not cost effective.

HEALTH AND SAFETY BECOMING A BURNING ISSUE

How much of a cost does a company have to associate with early death from an occupational disease? How much of a price can you put on having to endure 100 degree heat or wearing a respirator all day? How much of a cost can you attribute to still births, retardation, and deformity of offspring of workers exposed to toxic substances? How much of a cost can you put on the pain and suffering of respiratory disease or cancer?

With speedups being the knee jerk reaction of organized business to the decline in productivity, studies repeatedly show that both fatality and injury rates will accelerate.

While the average real wages of all labor are declining, while at the same time retirement security and disability protections are being attacked, on the job health and safety is more an issue than ever before.

The purpose of the Occupational Safety and Health Act of 1970 (P.L. 91-596) which established NIOSH is "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions." We are a long way from achieving this goal. Of the 45,156 identified toxic substances only about 110 have critical threshold values recommended by NIOSH and only 20 of these values have been adopted by OSHA.

Four million workers have contracted occupational diseases and at least 100,000 died from them. More than 20 percent of all cancers have been determined to be job related. The role of the Government and business in attacking Union activists fighting for better health and safety has caused a widespread outcry and publicity as in the death of Karen Silkwood in exposing nuclear contamination, and in the Cone Mills and J. P. Stevens textile plants and in the National Steel and Shipbuilding Company (NASSCO) shipyards.

The Occupational Safety and Health Act has been effective. In the chemical industry alone, studies show a 23 percent drop in occupational injury and illness in the 10 years the Act has been in effect. Therefore, 90,000 illnesses and injuries have been avoided because of OSHA regulations. Yet the cost is computed to be only $140 per worker per year and the average fine per worker for the company was only $74.79.

The decline in productivity and the rise in unemployment is not casued by the increase in health and safety standards. Reindustrialization can never be accompanied by extracting more blood, misery and lives from the American workforce by continuing to force people to choose between holding on to their job or taking more and more risks to their personal health and safety.

NIOSH Headquarters, although relatively small, has always been in the midst of controversy among industry, labor, academe and government agencies. The role of NIOSH and its relationship to other Departments and organizations within the Department have been topics of extensive discussion over the years.

In fact, less than two years ago an outside study (Policy Research Incorporated) of the NIOSH headquarters costing $160,000 brought together numerous representatives from industry, labor, academe and the government. Sixty percent of the panelists recommended elevating NIOSH organizationally to improve the effectiveness of NIOSH and OSHA. No one suggested moving NIOSH to the Centers for Disease Control (CDC) headquarters in Atlanta or Cincinnati.

But only a handful of people were involved or consulted in this proposal to reorganize and transfer NIOSH employees to Cincinnati and Atlanta. And now the Department is doing everything in its power to preclude Congressional oversight.

According to the law 5 USC Sec. 8901-911, the Executive Branch should have submitted a reorganization plan to the Congress. This is not a transfer of functions because many of the staff functions in NIOSH will be merged with CDC in Atlanta; others will be abolished. New job descriptions are already being proposed. The proposed reorganization calls for the combination of the Division of Criteria Documentation and Standards Development with the Division of Technical Services. We also have word that many of the NIOSH regional offices are being abolished. So this is not just a physical relocation of boxes in an organizational chart into a different part of the country as there would be in a transfer of functions, but rather some boxes are being dissolved, combined and scattered and the people scattered throughout both the NIOSH and CDC organizations.

Under the Civil Service Reform Act (P.L. 91-454), the Department has an obligation to consult with the American Federation of Government Employees which has National Consultation rights. Specifically, the law requires that AFGE "should be informed of any substantive changes in conditions of employment proposed by the agency and should be permitted reasonable time to present its views and recommendations regarding the changes." NIOSH in particular is required to negotiate with Local 41 in good faith on changes in personnel policies, practices, and working conditions. Nevertheless, when we wrote the CDC Director in May of this year concerning rumors about a possible move of NIOSH Headquarters and we requested our early participation in the consideration of any alterations the Agency responded by saying that "it has not been appropriate to respond."

NIOSH Move Would Cripple Its Functioning

Of course there are always immediate dislocations in any reorganization and transfer, but the proposed transfer of NIOSH headquarters to Atlanta and Cincinnati cripples the capacity of the organization to carry out its statutory Congressional mandates. The legislative requirements of NIOSH demand close consultation with such organizations as the Occupational Safety and Health Administration, the Environmental Protection Agency, the Consumer Product Safety Commission, the Mine Safety and Health Administration, the Food and Drug Administration and the National Institutes of Health—the headquarters of the Public Health Service scientific community. Last year alone, Headquarters employees attended 1,042 interagency panels. In addition, NIOSH is constantly dealing with trade associations and labor organizations primarily located in Washington, D.C. In the PRI study, 97 percent of the panelists recommended "better coordination" be effected between NIOSH and other Federal agencies on issues "of mutual interest to prevent needless overlap and costly duplication."

Democrats and Republicans alike have shown concern from the beginning about the implications of NIOSH being placed under the Centers for Disease Control. The organizational location has adversely affected the capacity of NIOSH to carry out its mission. The PRI survey showed that 83 percent of the panelists recommended that NIOSH be elevated in the Department's bureaucracy so that the NIOSH Director reports to the Assistant Secretary for Health. No panelist ever suggested the transfer of NIOSH to Atlanta or Cincinnati.

The new Director, Dr. Millar, admits he is not experienced in the field of occupational safety and health other than two months as Acting Director and he, like all the proposed top NIOSH officials, is from CDC in Atlanta. Several years ago he was assigned head of the Swine Flu Vaccine program when it came under heavy public criticism. The proposed reorganization and transfer will further absorb NIOSH's hiring authority and other administrative functions and virtually submerge it as an indistinguishable organizational entity.

Proposed Transfer Not Cost Effective

The only justification offered by the Department in its press release, statements to the press and their meetings with staff for this proposal is that it is for "administrative efficiency." HHS claims transfer to Atlanta will facilitate greater involvement of NIOSH as a part of the internal prevention strategy and should strengthen and reinforce the scientific leadership of the Institute. But the scientific leadership is at NIH in Washington and other scientific personnel of the Institute are slated to move to Cincinnati, not Atlanta. As far as the costs of the move, the Agency states it will be $1.9 million, but this fails to include such cost factors as severance pay, house hunting trips for employees and their spouses, settlement costs, costs associated with moving furniture, installation of computer equipment, administrative paperwork costs, temporary duty costs and additional travel to and from Cincinnati, Atlanta, and D.C. Moreover, six NIOSH contractors are required to be within 50 miles of NIOSH and therefore the Department would be required to pay their relocation expenses—estimated to be $1.5 million. The tremendous increase in administrative costs have never been justified to Congress. No reprogramming letters have been sent to the Appropriations Committee. In fact, not only do they not know the costs, they do not know where in the budget the funds would come from. As stated by Mr. Watson, this proposal will require additional staff and funds and "the purpose of the move is not to save money anway. It is to improve administrative efficiency."

In order to achieve administrative efficiency with costs going up, the quality and quantity of NIOSH products would have to increase. But that cannot be the case.

In fact, Mr. Watson readily admits from his own experience most of the people will not be transferring with their jobs. With the specialized scientific background and experience, work losses will be impossible to make up and retention and recruitment of qualified personnel will be difficult. The fact is that the real estate market is stagnant and with interest rates at 17 percent it is very hard for most people to buy or sell a house. In addition, NIOSH is experiencing what it has studied itself ("Termination: The Consequences of Job Loss")—the traumatic effect of proposed plant relocations and closings on its employees' personal lives. CDC admits that within RIF's scheduled for Atlanta, they could lose their jobs after moving to Atlanta. Such a dislocation would consequently cause a sharp reduction in the quality and quantity of NIOSH productivity and in no way would it contribute to the "administrative efficiency" of carrying out the mission of the agency.

Department Moving in Way To Thwart Congressional and Public Will

In addition to the statutory notification requirement of 5 U.S.C. 901–912, the Office of Management and Budget requires the meeting of specific criteria for the relocation of functions outside Washington in Circular A-60. The Department has fulfilled neither of these requirements. In addition to not complying with the statutory requirements of the Civil Service Reform Act, the Department has refused to comply with the requirements of the Freedom of Information Act on the basis of making the decision. Witness the blacked out pages.

Not only has this proposal been developed in a shroud of secrecy, but also the public inquiry into the decision has escalated the Department's timetable for implementing the proposed reorganization and transfer. Although the announcement for the move was not made until June 23, the Department has been planning such a move since March. Employees are being asked to respond within 30 days as to whether they will be moving. Some have received telephone calls and letters from realtors in Atlanta and Cincinnati. Some employees had been told they were to be detailed to Atlanta. The proposed moving date has been stepped up to November 1. Now Agency managers are attempting to intimidate the employees and undermine their union. For example, by telling bargaining unit employees the unions opposition to the move is holding up their employment opportunities.

The proposed reorganization and transfer of NIOSH would have tremendous adverse effects on the American people. Particularly with the summer recess around the corner, it is imperative that Congress take whatever action is necessary to stop or at least forestall for the moment the proposed NIOSH reorganization and transfer.

Representative Melvin Laird used appropriation language to inhibit the geographic location of any NIH Institute and the Interior appropriations committee just this year restricted Secretary Watt from reorganizing one of his Agencies. If the Committee and all the Committee Chairmen who have already opposed this proposal cannot persuade Secretary Schweiker of the errors of his ways, we urge you to take appropriate legislative sanctions.

STATEMENT OF JOSEPH E. COOK, JR., PRESIDENT, LOCAL 41, AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, ACCOMPANIED BY TERRENCE ROGERS, LEGISLATIVE REPRESENTATIVE, NATIONAL AFGE OFFICES, AND DARLENE CHRISTIAN, VICE PRESIDENT, LOCAL 41, NIOSH UNIT

Mr. Cook. I am Joseph Cook. With me is Terrence Rogers, legislative representative for the National AFGE Office, and Darlene Christian, vice president of the NIOSH Unit for local 41.

First of all, given the politically sensitive nature and the history of discussion concerning the organizational and geographic location of NIOSH, we believe the Department is showing a cavalier disregard for the viewpoint and rights of interested parties and blatantly violating the law, regulations and sound management practices in even developing this proposal.

Second, not only do we believe that the proposal would cause great personal hardship for the 157 NIOSH employees and generate more costs than savings, we also believe this proposal would cripple the Federal Government's capacity to carry out the congressional statutory mandates of NIOSH.

We can appreciate the fact that as a Senator from Pennsylvania, Secretary Schweiker played a significant role in the enactment of the Occupational Safety and Health Act legislation. We are not here to impugn the Secretary's personal intentions or motives for sanctioning this move.

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NIOSH headquarters, although relatively small, has always been in the midst of controversy among industry, labor, academe and government agencies.

The role of NIOSH and its relationship to other departments and organizations within the Department have been topics of extensive discussion over the years.

In fact, less than 2 years ago an outside study [Policy Research, Incorporated] of the NIOSH headquarters costing $160,000 brought together numerous representatives from industry, labor, academe, and the Government. Eighty-three percent of the panelists recommended elevating NIOSH organizationally to improve the effectiveness of NIOSH and OSHA.

But only a handful of people were involved or consulted in this proposal to reorganize and transfer NIOSH employees to Cincinnati and Atlanta. And now the Department is doing everything in its power to preclude congressional oversight.

According to the law, United States Code, section 8901, 911, the executive branch should have submitted a reorganization plan to the Congress.

This is not a transfer of functions because many of the staff functions in NIOSH will be merged with CDC in Atlanta; others will be abolished. New job descriptions are already being proposed.

The proposed reorganization calls for the combination of the Division of Criteria Documentation and Standards Development with the Division of Technical Services.

We also have word that many of the NIOSH regional offices are being abolished.

So this is not just a physical relocation of boxes in an organizational chart into a different part of the country as there would be in a transfer of functions, but rather some boxes are being dissolved, combined, and scattered, and the people scattered throughout both the NIOSH and CDC organizations. Thirty-four NIOSH positions are being transferred to CDC.

Under the Civil Service Reform Act (Public Law 91-454), the Department has an obligation to consult with the American Federation of Government Employees which has national consultation rights.

Specifically, the law requires that AFGE "should be informed of any substantive changes in conditions of employment proposed by the agency and should be permitted reasonable time to present its views and recommendations regarding the changes."

NIOSH in particular is required to negotiate with Local 41 in good faith of changes in personnel policies, practices, and working conditions.

Nevertheless, when we wrote the CDC Director in May of this year concerning rumors about a possible move of NIOSH headquarters and was requested our early participation in the consideration of any alterations, the agency responded by saying that "it has not been appropriate to respond."

Of course, there are always immediate dislocations in any reorganization and transfer, but the proposed transfer of NIOSH headquarters to Atlanta and Cincinnati cripples the capacity of the organization to carry out its statutory congressional mandates.

The legislative requirements of NIOSH demand close consultation with such organizations as the Occupational Safety and Health Administration, the Environmental Protection Agency, the Consumer Product Safety Commission, the Mine Safety and Health Administration, the Food and Drug Administration, and the National Institutes of Health—the headquarters of the Public Health Service scientific community.

Last year alone, headquarters employees attended 1,042 interagency panels.

In addition, NIOSH is constantly dealing with trade associations and labor organizations primarily located in Washington, D.C.

In the PRI study, 97 percent of the panelists recommended "better coordination" be effected between NIOSH and other Federal agencies on issues "of mutual interest to prevent needless overlap and costly duplication."

Democrats and Republicans alike have shown concern from the beginning about the implications of NIOSH being placed under the

Centers for Disease Control. The organizational location has adversely affected the capacity of NIOSH to carry out its mission.

The PRI survey showed that 83 percent of the panelists recommended that NIOSH be elevated in the Department's bureaucracy so that the NIOSH Director reports to the Assistant Secretary for Health. No panelist ever suggested the transfer of NIOSH to Atlanta or Cincinnati.

We believe every past NIOSH Director has recommended that it not be moved to Atlanta. The new Director, Dr. Millar, admits he is not experienced in the field of occupational safety and health other than 2 months as Acting Director, and he, like all the proposed top NIOSH officials, is from CDC in Atlanta.

Several years ago he was assigned head of the Swine Flu Vaccine program when it came under heavy public criticism.

The proposed reorganization and transfer will further absorb NIOSH's hiring authority and other administrative functions and virtually submerge it as an indistinguishable organizational entity.

The only justification offered by the Department in its press release, statements to the press and their meetings with staff for this proposal is that it is for "administrative efficiency."

HHS claims transfer to Atlanta will facilitate greater involvement of NIOSH as a part of the internal prevention strategy and should strengthen and reinforce the scientific leadership of the Institute.

But the scientific leadership is at NIH in Washington and other scientific personnel of the Institute are slated to move to Cincinnati, not Atlanta.

As far as the costs of the move, the agency states it will be $1.9 million, but this fails to include such cost factors as severance pay, house hunting trips for employees and their spouses, settlement costs, costs associated with moving furniture, installation of computer equipment, administration paper work costs, temporary duty costs and additional travel to and from Cincinnati, Atlanta, and D.C.

Moreover, six NIOSH contractors are required to be within 50 miles of NIOSH and, therefore, the Department would be required to pay their relocation expenses—estimated to be $1.5 million. The tremendous increase in administration costs have never been justified to Congress.

In fact, not only do they not know the costs, they do not know where in the budget the funds would come from.

As stated by Mr. Watson, this proposal will require additional staff and funds and "the purpose of the move is not to save money anyway. It is to improve administration efficiency."

In order to achieve administration efficiency with costs going up, the quality and quantity of NIOSH products would have to increase. But that cannot be the case.

In fact, Mr. Watson readily admits from his own experiences most of the people will not be transferring with their jobs. With the specialized scientific background and experience, work losses will be impossible to make up, and retention and recruitment of qualified personnel will be difficult.

The fact is that the real estate market is stagnant and with interest rates at 17 percent it is very hard for most people to buy or sell a house.

In addition, NIOSH is experiencing what it has studied itself—the traumatic effect of proposed plant relocations and closings on its employees' personal lives.

CDC admits that within RIF's scheduled for Atlanta, they would lose their jobs after moving to Atlanta. Such a dislocation would consequently cause a sharp reduction in the quality and quantity of NIOSH productivity and in no way would it contribute to the "administrative efficiency" of carrying out the mission of the agency.

Department moving is a way to thwart congressional and public will. In addition to the statutory notification requirement of 5 U.S.C. 901–912, the Office of Management and Budget requires the meeting of specific criteria for the relocation of functions outside Washington in Circular A–60. The Department has fulfilled neither of these requirements. In addition to not complying with the statutory requirements of the Civil Service Reform Act, the Department has refused to comply with the requirements of the Freedom of Information Act on the basis of making the decision. Witness our blacked out pages that we got from the Freedom of Information Request to the Department. This is signed by Mr. Brandt and approved by Secretary Schweiker, but all the discussion relating to the move has been blacked out.

Mr. Gaydos. Would you leave that with the Committee?

Mr. Cook. We will be glad to. In addition, they denied some other material because they say that they are predecisional and deliberative. Some of the material includes the abolishment of the Morgantown Center. In the discussion that they refused to give us as part of that, they say that loss of Rockville, which is NIOSH's headquarters, would result in a great diminution of public health center activities. This is the facility's words. It is on the block in the next round of budget cuts.

Mr. Kogovsek. Mr. Chairman, may I move at this time that that be made a part of the Committee record.

Mr. Gaydos. Without objection it is so ordered. That will be made a part of the Committee record.

[The information referred to above follows:]

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

Washington, D.C. 20201

July 20, 1981

Ms. Darlene Christian
Vice President, APGE Local 41
Room 8-48 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Christian:

This is in response to your Freedom of Information Act request of June 24, 1981, for documents pertaining to the decision to move the NIOSH headquarters to Atlanta, Georgia and Cincinnati, Ohio and the selection of Dr. J. Donald Millar as Director of NIOSH. Your request has been referred to me because of my responsibilities under the Freedom of Information Act.

The Department's policy calls for the fullest responsible disclosure consistent with those requirements of confidentiality and administrative necessity which are recognized by the Freedom of Information Act (5 U.S.C. 552) and the Department's Public Information Regulation (45 CFR 5). Copies of the Act and Regulation are enclosed and referred to below.

Records and documents bearing on your request were located in C.D.C. files in Atlanta, Georgia, and in Office of the Secretary files in Washington, D.C. I am releasing nine (9) records and they are enclosed. However, I have deleted portions of the enclosed records and I have withheld in their entirety two other memoranda. These deleted and withheld materials are predecisional and deliberative in nature and contain opinion and recommendations. They are being withheld under the provisions of 5 U.S.C. 552(b)(5) of the Act and under 45 CFR 5.73(a) of the Regulation.

Regarding your request for a listing of all candidates who applied or were considered for the position of Director, NIOSH, and or records pertaining to their qualifications, the CV for Dr. Donald Millar, the newly appointed Director of NIOSH is enclosed. However, I must deny your request for records concerning the unsuccessful candiates on the basis that these documents are personnel files and similar files the

Page 2 - Ms. Darlene Christian

disclosure of which would constitute a clearly unwarr[illegible] invasion of privacy. This denial is made under the provisions of [illegible].C. 552(b)(6) of the Act and 45 CFR 5.71(a) of the Regulat[illegible]

You, of course, have the right to appeal this decision to deny you full access to records in the agency's possession. Should you wish to do so, you should send your appeal, within 30 days of receipt of this letter, to the Assistant Secretary for Health, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, following the procedures outlined in Subpart G of the enclosed Regulation.

Sincerely,

Russell M. Roberts

Russell M. Robert, Director
Freedom of Information/Privacy Division
Office of Public Affairs

Enclosures

best copy
available

Enclosure 1

September 1980

CURRICULUM VITAE

John Donald Millar, M.D., D.T.P.H. (Lond.)
Assistant Surgeon General

SUMMARY OF PROFESSIONAL EXPERIENCE:

A physician-executive trained in epidemiology, certified in preventive medicine, with 14 years of experience managing major disease control operations of the U.S. Public Health Service, including the West and Central African Smallpox Eradication (and Measles Control) Program 1966-70.

BORN : [redacted]

MARRIED : [redacted]

EDUCATION :
B.S., University of Richmond, 1956
M.D., Medical College of Virginia, 1959
D.T.P.H., London School of Hygiene and Tropical Medicine, 1966
International Affairs and Federal Operations Seminar, January 6-17, 1969
American Management Association Management Course, 1970
Computer Concepts for the Executives of CDC, IBM Corporation, February 13-16, 1973
Policy Conference for Science Executives, Brookings Institution, March 7-12, 1976
American Management Association, Basic Project Management: Planning, Scheduling and Control, December 3-6, 1979

POSITIONS HELD: Medical Extern, Riverside Hospital, Newport News, Virginia, 1958
Medical Extern, St. Elizabeth's Hospital, Richmond Virginia, 1958-1959
Rotating Intern, University of Utah Affl. Hospital, 1959-1960
Assistant Resident (Medicine), University of Utah Affl. Hospital, 1960-1961
U.S. Public Health Service, Center for Disease Control, 1961 -
  Assistant Chief, Epidemic Intelligence Service, Epidemiology Branch, 1961-1962
  Chief, Epidemic Intelligence Service, Epidemiology Branch, 1962-1963
  Deputy Chief, Surveillance Section, Epidemiology Branch, 1963-1964
  Chief, Smallpox Unit, Epidemiology Branch, 1963-1965
  Director, Smallpox Eradication Program, 1966-1970
  Director, State and Community Services Division, 1970-1972
  Chief, Venereal Disease Branch, State and Community Services Division, 1972-1973
  Director, Bureau of State Services, 1973-1979
  Director, National Influenza Immunization Program, 1976-1977
  Acting Director, National Institute for Occupational Safety and Health, 1978
  Assistant Director for Public Health Practice, 1979-1981
  Director, Center for Environmental Health, 1981-

PROFESSIONAL ORGANIZATIONS:

American Medical Association
American Public Health Association (Fellow 1969)
American Association of Public Health Physicians
  Member, Board of Trustees
International Epidemiological Society

SPECIALTY BOARD CERTIFICATION:

Certified Specialist in General Preventive Medicine,
American Board of Preventive Medicine, June 1969

HONORS : Phi Beta Kappa, 1955
Surgeon General's Commendation Medal, 1965
Okeke Prize (Scholarship), London School of Hygiene and Tropical Medicine, 1966
Presidential Award, Management Improvement Certificate, 1972
CDC Medal of Excellence, 1977
CDC Equal Employment Opportunity Award (received for Bureau of State Services), 1978
CDC Special Citation as Member of the CDC Beryllium Review Panel, 1979

BIOGRAPHICAL LISTINGS:

American Men and Women of Science
Directory of Medical Specialists
Outstanding Atlantans
Who's Who in Government
Who's Who in Georgia
Who's Who in Health
Who's Who in Health Care
Who's Who in the South and Southwest

CONSULTANTSHIPS AND COMMITTEES:

Member - WHO/USAID Indonesia Malaria Eradication Assessment Team, 1962
Associate Member - Commission on Immunization, Armed Forces Epidemiological Board, 1969-1971
Member - WHO Nepal Malaria Strategy Review Team, 1970
Chairman - CDC "Under 42" Committee for Long-Range Planning, 1970
Member - U.S. Public Health Service/Environmental Protection Agency Joint Task Force on Health Effects of Environmental Pollution, 1971
Chairman - CDC Ad Hoc Committee on Liver Disease and Isoniazid, 1972-1974
Member - WHO International Commission on Assessment of Smallpox Eradication in South America, 1973
Member - Consultation on the WHO Expanded Immunization Program, 1974
Chairman - CDC Task Force on Health Education, 1974
Chairman - Search Committee for the Director, National Institute for Occupational Safety and Health, 1974
Member - Citizens Advisory Council, North DeKalb Mental Health Center, 1974-1975

CONSULTANTSHIPS AND COMMITTEES (continued):

Chairman - CDC Work Group on "Assuring Adequate Funding for Community Preventive Health Services Under National Health Insurance," 1975
Chairman - CDC Task Force on the National Influenza Immunization Program, 1976-1977
Chairman - PHS Interagency Influenza Working Group, 1977 -
Chairman - CDC Advisory Committee on Programs and Policies, Ad Hoc, 1978
Chairman - CDC Beryllium Review Panel, 1978
Member, PHS Team to Evaluate Japanese Influenza Immunization Program, 1979
Member, USPHS Indochinese Refugee Assessment Team, June 1979
Member, World Health Organization International Commission for Certification of Smallpox Eradication in Somalia, October 1979
Coordinator-Designee for Infectious and Parasitic Diseases, U.S.-PRC Joint Health Committee, People's Republic of China, November 1980

CHURCH ACTIVITIES:

[redacted]

OTHER MEMBERSHIPS:

[redacted]

UNIVERSITY TEACHING OR LECTURESHIPS:

- Emory University School of Medicine
  - Department of Preventive Medicine
  - Master of Community Health Program
- Georgia Institute of Technology, School of Health Systems
- University of Alabama, School of Medicine, Department of Pediatrics
- U.C.L.A. School of Medicine, Department of Community Medicine
- University of Richmond, Symposium on Science in the 70's, March 1978

Publications - J. Donald Millar, M.D.

Millar, J.D.
Hospital Acquired Virus Diseases
Proc. Nat. Conf. on Institutionally-acquired Infections
(Minneapolis, Minn.), Sept. 1963

Millar, J.D., and Roberto, R.R.
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Bol. Ofic. Sanit. PanAmer. LVII(6):537, 1964

Millar, J.D., Mack, T.M., Medeiros, A.A., Morris, L., Dyal, W.
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injectora a Pressao Na Campanha Nacional Contra a Variola do Brazil
Arguives de Hygiene 21(1):65, June 1965

Millar, J.D.
Smallpox: A Continuing Threat
J.A.H.A. 39(19):57-59, 1965

Millar, J.D.
Problems of Mass Vaccination Programs
Proc. PAHO/WHO Int. Conf. on Vaccines Against Viral and
Rickettsial Diseases in Man, pages 460-465, Nov. 1966

Millar, J.D.
Smallpox Alert
Annals of Int. Med. 66:1289, 1967

Millar, J.D.
Viruela: Problemas de los Programas de vacunacion en Gran Escala
Boletin de la Oficina Sanitaria Panamericana LXVIII, No. 3, Sept. 1967

Millar, J.D., Tosh, F., Ismach, A., Morris, L., and Sellers, T.F., Jr.
Histoplasmin Skin Testing by Intradermal Jet Injection
Am. Rev. Resp. Dis. 100:542-549, 1969

Millar, J.D., and Foege, W.H.
Status of Eradication of Smallpox (and Control of Measles)
in West and Central Africa
J. Inf. Dis. 120(6):725-732, 1969

Millar, J.D., Roberto, R.R., Wulff, H., Wenner, H.A., and Henderson, D.A.
Smallpox Vaccination by Intradermal Jet Injection. 1. Introduction,
Background, and Results of Pilot Studies
Bull. Wld. Hlth. Org. 41:749-760, 1969

Millar, J.D.
Technical and Practical Problems in Measles Control
Proceedings of the "Seminar on Smallpox Eradication and Measles Control in Western and Central Africa," Lagos, Nigeria, May 13-20, 1969. SEP Report, Vol. IV, No. 2:165-176, 1970

Millar, J.D., Morris, L., Macedo Filho, A., Mack, T.M., Dyal, W., Medeiros, A.A.
The Introduction of Jet Injection Mass Vaccination into the National Smallpox Eradication Program of Brazil
Trop. Geogr. Med. 23:89-101, 1971

Millar, J.D.
Measles and Diphtheria Are Back: A Planning Failure
Medical Opinion 7(5):46-49, 1971

Millar, J.D.
Vaccine Combinations and Adjuvants. Discussion.
Proceedings - International Conference on the Application of Vaccines against Viral, Rickettsial, and Bacterial Diseases of Man, Scientific Publication PAHO No. 226, pages 416-418, 1971

Millar, J.D.
Gaining Public Acceptance in Maintaining Regular Programs in the Developed Countries
Proceedings - International Conference on the Application of Vaccines Against Viral, Rickettsial, and Bacterial Diseases of Man, Scientific Publication PAHO No. 226, pages 505-510, 1971

Millar, J.D.
Venereal Disease Remains a Major Health Problem
JAMA 221(1):14-15, 1972

Millar, J.D., Foster, S.O., and Foege, W.H.
Simultaneous Administration of Several Antigens
WHO/SE Publication No. 72.36, 1972

Millar, J.D.
Smallpox, Vaccinia and Cowpox
Infectious Diseases, pages 815-823, 1972. Harper and Row Publishers, Inc., 2nd Edition, pages 736-743, 1977.

Millar, J.D.
The Nature of the Problem of Tuberculosis in the U.S. Today: Present and Future Courses and Needs.
Fogarty International Center Proceedings No. 14, 41-48, October 1971
(DHEW Pub. No. (NIH) 72-68)

Millar, J.D.
Current Status of Venereal Disease and Venereal Disease Control
Proceedings, Communicable Disease Control Conference, Houston, Texas, March 13-16, 1972

Publications - J. Donald Millar, M.D.

Kaplan, J., Millar, J.D., Cancilla, P.A.
"Spontaneous" Atheroembolic Renal Failure
Archives of Int. Med. 110:218-221, 1962

Joseph, P.R., Millar, J.D., and Henderson, D.A.
An Outbreak of Hepatitis Traced to Food Contamination
NEJM 273(4):188-194, 1965

Neff, J.M., Lane, J.M., Pert, J.H., Moore, R., Millar, J.D., and Henderson, D.A.
Complications of Smallpox Vaccination. I. National Surveys in the U.S., 1963
NEJM 276:125-132, 1967

Neff, J.M., Levine, R.H., Lane, J.M., Ager, E.A., Moore, H., Rosenstein, B.J., Millar, J.D., and Henderson, D.A.
Complications of Smallpox Vaccination, United States, 1963. II. Results Obtained by Four Statewide Surveys
Pediatrics 39(6):919-923, 1967

Lane, J.M., Ruben, F.L., Neff, J.M., and Millar, J.D.
Complications of Smallpox Vaccination, 1968 - National Surveillance in the U.S.
NEJM 281(22):1201-1208, 1969

Lane, J.M., and Millar, J.D.
Routine Childhood Vaccination Against Smallpox Reconsidered
NEJM 281(22):1220-1224, 1969

Roberto, R.R., Wulff, H., and Millar, J.D.
Smallpox Vaccination by Intradermal Jet Injection. 2. Cutaneous and Serological Responses to Primary Vaccination in Children
Bull. Wld. Hlth. Org. 41:761-769, 1969

Neff, J.M., Millar, J.D., Roberto, R.R., and Wulff, H.
Smallpox Vaccination by Intradermal Jet Injection. 3. Evaluation in a Well-vaccinated Population
Bull. Wld. Hlth. Org. 41:771-778, 1969

Lane, J.M., Ruben, F.L., Neff, J.M., and Millar, J.D.
Complications of Smallpox Vaccination, 1968: Results of Ten Statewide Surveys
J. Infect. Dis. 122:303-309, 1970

Lane, J.M., and Millar, J.D.
Risks of Smallpox Vaccination Complications in the United States.
Am. J. Epid. 93(4):238-240, 1971

Lane, J.M., Millar, J.D., Neff, J.M.
Smallpox and Smallpox Vaccination Policy
Annual Review of Medicine, Vol. 22, 251-272, 1971

Hopkins, D.R., Lane, J.M., Cummings, E.C., and Millar, J.D.
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Foege, W.H., Millar, J.D., and Lane, J.M.
Selective Epidemiologic Control in Smallpox Eradication
Am. J. Epid. 94(4):311-315, 1971

Hopkins, D.R., Lane, J.M., Cummings, E.C., and Millar, J.D.
Smallpox in Sierra Leone. I. Epidemiology
Am. J. Trop. Med. and Hyg. 20(5):689-696, 1971

Hopkins, D.R., Lane, J.M., Cummings, E.C., Thornton, J.N., and Millar, J.D.
Smallpox in Sierra Leone. II. The 1968-69 Eradication Program
Am. J. of Trop. Med. and Hyg. 20(5):697-704, 1971

Henderson, D.A., Labusquiere, Rene, Nicholson, C.C., Rey, M., Ristori, C., Dow, P.J.N., Sarosa, J. Sulianti, and Millar, J.D.
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Paediatrica Indonesiana 12:409-425, 1972

Foege, W.H., Millar, J.D., and Henderson, D.A.
Smallpox Eradication in West and Central Africa
Bull. W.H.O. 52:209-222, 1975

Dowdle, W.R., and Millar, J.D.
Swine Influenza: Lessons Learned
Medical Clinics of North America 62:1047-1057, September 1978

Dowdle, W.R., Millar, J. Donald, Schonberger, Lawrence B., Ennis, Francis A., and LaMontagne, John R.
Influenza Immunization Policies and Practices in Japan.
J. Inf. Dis. Vol. 141, No. 2, 258-264, February 1980.

Millar, J.D.
Renewed Support for the Control of Venereal Disease in the United States
Third International VD Symposium, New Orleans, La., June 1, 1973

Millar, J.D., and Osborn, June E
Precursors of the Scientific Decision-Making Process Leading to the 1976 National Immunization Campaign
Influenza in America 1918-1976, pages 15-27, 1977. Prodist, a Division of Neale Watson Academic Publications, Inc.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date July 7, 1981 ENCLOSURE 2

From Assistant to Deputy Director, CDC

Subject NIOSH Task Forces

To The Record

In consultation with Dr. Millar and others, two Task Forces were formed to implement the NIOSH transfer from Rockville to Cincinnati and Atlanta. The Policy Task Force, chaired by Mr. Watson, will set policy related to the transfer of people and program, approve implementation plans, and monitor progress of the move. The Implementation Task Force will plan and implement the move, calling on others for support as needed. Membership is as follows:

Policy Task Force

William C. Watson, Jr., Deputy Director (Chair)
James D. Bloom, Executive Officer
J. Donald Millar, M.D., Director, NIOSH
Ronald F. Coene, Executive Officer, NIOSH

Implementation Task Force

Virginia S. Bales, Assistant to Deputy Director (Chair)
David K. Rowe, Director, Procurement and Grants Office
John R. Davis, Assistant Director, Computer Systems Office
Albert R. Martin, Chief, Recruitment and Placement Branch, FMO
Thomas Shamblee, Chief, Operations Branch, FMO
Sara S. Owens, Director, Management Analysis and Services Office
Donald A. Berreth, Director, Office of Public Affairs
Gary Randolph, Budget Analyst, FMO

Appropriate NIOSH staff to be designated by Dr. Millar.

Gina

Virginia S. Bales

BEST DOCUMENT AVAILABLE

DEPARTMENT OF HEALTH & HUMAN SERVICES

Enclosure 3

Public Health Service
Centers for Disease Control

Memorandum

Date June 5, 1981

From Director
Centers for Disease Control

Subject Relocation of National Institute for Occupational Safety and Health (NIOSH) Headquarters - DECISION

To The Assistant Secretary for Health

ISSUE

Should NIOSH headquarters be moved to Atlanta?

[redacted]

Enclosure 4

[redacted]

RECOMMENDATION

Because a transfer of NIOSH headquarters to Atlanta would accomplish savings, strengthen and streamline the program and administrative management of the Institute, bring occupational health more clearly into the preventive health services fold, and enhance the scientific and technical base of this important health organization, I recommend that we request approval to make this transfer.

DECISION

APPROVED ____________ DISAPPROVED ____________ DATE ____________

William H. Foege

William H. Foege, M.D.
Assistant Surgeon General

DEPARTMENT OF HEALTH & HUMAN SERVICES

Enclosure 4

~~SEA~~

Memorandum

om-8, p11

Date

From The Assistant Secretary for Health

Subject Relocation of the National Institute for Occupational Safety and Health (NIOSH) Headquarters - DECISION

To The Secretary

The Director of the Centers for Disease Control, Dr. William H. Foege, and I have engaged in extensive review and discussion of the most appropriate locale for the administrative headquarters of the National Institute for Occupational Safety and Health (NIOSH).

Attached is a self-explanatory memorandum from Dr. Foege outlining his reasons for concluding that the NIOSH administrative headquarters should be housed with other major administrative units of CDC in Atlanta.

I agree with Dr. Foege's recommendation and urge your concurrence as well.

DECISION

APPROVED R. Schweiker DISAPPROVED__________ DATE 6/15/81

E. N. Brandt

Edward N. Brandt, Jr., M.D.
Assistant Secretary for Health

ENCLOSURE 5

I. Major Elements of the Move

1. The Office of the Institute Director, including other management and administrative staff with Institute-wide responsibilities, would be moved to Atlanta, Ga.
2. The Division of Criteria Documentation and Standards Development would be moved to Cincinnati and combined with the Division of Technical Services.

II. Rationale

1. The transfer of the principal program direction of the Institute to Atlanta will facilitate greater involvement of NIOSH as a part of the national prevention strategy and should strengthen and reinforce the scientific/technical leadership of the Institute.
2. Transferring the administrative management of NIOSH to CDC headquarters should strengthen the Institute's administrative management through integration with the strong administrative services that CDC has developed and should make it possible, over time, to accomplish savings and overhead requirements.
3. The transfer of the Division of Criteria Documentation and Standards Development to Cincinnati will reduce duplication of information acquisition and permit a more coordinated approach for recommending research priorities and standards development for the Institute.

The move will strengthen the program and administrative management of the Institute, improve communication and cooperation between research divisions and documentation development and information services activities, bring occupational health more clearly into the mainstream of preventive health services, and enhance the scientific and technical base of this important health organization.

III. Employment Data

	On Duty 4/2/81	
	Full Time Permanant	Other
Division of Criteria Documentation and Standards Development to Cincinnati	50	7
All Other to Atlanta	107	24
	157	31

While placement of employees not wishing to move will be more difficult because of the reduction-in-force in other parts of the Public Health Service, every effort will be made to assist employees not wishing to move to find employment in the Washington, D.C., area. Most of the employees who will not move to Atlanta are anticipated to be in the clerical and administrative area rather than highly specialized scientific employees whose primary placement opportunities will be in the Public Health Service. A special placement assistance office will be established in Rockville to locate possible vacancies in the District of Columbia metropolitan area, both within HHS and within other Federal and private agencies. Special assistance available from the U.S. Office of Personnel Management will be utilized.

IV. Costs

1. Estimated moving costs:	
A. If all employees opted to move	$1,[illegible],000
B. If only 100 employees opted to move	1,080,000
2. Comparative space rental costs:	
A. Current charges for space in Parklawn	223,000
B. Combined Cincinnati and Atlanta rental if all employees move	160,000
C. Combined Cincinnati and Atlanta additional rental if only 100 employees move	90,000

ENCLOSURE 6

QUESTIONS ANTICIPATED AT NIOSH MEETINGS
5/30/81

Reasons for Transfer:

1. We hear that there will be a RIF of NIOSH personnel after we are transfered to Atlanta/Cincinnati. Is this so?

   Certainly not intended/would not be cost effective/is not "legal"/However, there can be no guarantee if budget cuts continue

2. Is the transfer the first step in dismantling NIOSH?

   No, it is the first step in strengthening the scientific and technical aspects of the Institute.

3. Is the NIOSH move for the purpose of easing the RIF at CDC?

   With the present position ceiling, we hope and expect to get down to ceiling through attrition.

Other Questions:

4. Will components of NIOSH in Washington merge with staff services?

   This is a possibility. We cannot begin to resolve this until Dr. Millar returns.

5. Will the grades of NIOSH employees be protected?
6. Will CDC (non-NIOSH) employees' grades be protected?

   We have never had to down-grade people transfered to CDC in the past. However, from a personnel standpoint we cannot make a guarantee. All personnel actions will have the personal attention of Dr. Foege and myself (Watson).

7. Will the legal staff be moved?

   The need for legal advice is in Atlanta, but this is a matter that we will have to take up with OGC.

8. What impact on program will this move have?

   These are questions that Dr. Millar will have to answer.

9. What impact will this move have on M-town and Cincinnati?

Refer to Miller, but the NIOSH and Morgantown facilities have special purpose components that cannot be easily duplicated.

10. When will we move?

We are trying to accomplish the move before Thanksgiving. As soon as there is a firm date we will share it with you.

11. Where in Atlanta will we be located?

We hope to locate the NIOSH headquarters at Clifton Road, the main facility. However, there is not a firm space plan at this time.

12. Will we be moved piecemeal or all at once?

It is our intention to move all at once. However, it may be necessary to make exceptions to allow to a smooth transition of the work.

13. Can individual employees be moved prior to the formal date?

If there are personal circumstances, we will try to accomodate to them. However, the work requirements may make this impossible.

14. Can employees move to locations other than the one to which their function is being transferred?

If there is a vacancy and a need then this could be discussed. However, many of these questions will have to be answered by Don Millar.

ENCLOSURE 7

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR RELEASE
Tuesday, June 23, 1981, A.M.

Shirley A. Barth (202) 472-5663

Dr. Edward N. Brandt, Jr., Assistant Secretary for Health, announced today the appointment of Dr. J. Donald Millar as Director of the National Institute for Occupational Safety and Health (NIOSH), effective July 1, 1981. NIOSH is a component of the Centers for Disease Control (CDC) located in Atlanta, and has as its mission research into safety and health considerations in the workplace.

Dr. Brandt commented, "Dr. Millar is a capable, proven administrator who will bring necessary leadership to NIOSH. We are very pleased that he has agreed to serve."

Dr. Millar currently serves as Director of the Center for Environmental Health of CDC. A native of Newport News, Virginia, he received his medical degree from the University of Virginia and a D.T.P.H. from the London School of Hygiene and Tropical Medicine. Millar, who is Board Certified by the American Board of Preventive Medicine, has held a variety of positions at CDC since joining that organization in 1961. Prior to joining the federal government, Dr. Millar trained in internal medicine in Utah.

Dr. Brandt also announced the move of the NIOSH Director's Office from Rockville to Atlanta. This move will permit greater administrative efficiency and will be accomplished as soon as is practical.

# # #

BEST DOCUMENT AVAILABLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ENCLOSURE 8

J[illegible] 1981

[illegible] Director
[illegible] for Disease Control

[illegible] with Union Representative, NIOSH

[illegible] Record

[illegible]

[illegible] 22 at 3:45 p.m., I met with Ms. Mary Flynt, Vice President, AFGE, [illegible] 941, National [illegible] for Occupational Safety and Health (NIOSH), and informed her [illegible] Edward Brandt, Assistant Secretary for Health, was announcing the [illegible] of Dr. J. Donald Millar to be the Director of NIOSH; [illegible] Office of the Director, NIOSH, would be transferred to Atlanta; and that the Division of Criteria Documentation and Standards Development would be transferred to Cincinnati. I told her that no dates had been set for the organizational transfers but that we would inform her when we had further information.

William C. Watson Jr.
William C. Watson, Jr.

cc:
OCD
CDC/W
Office of Personnel Management

CDC:OCD:WCWatson:jk (6/24/81)

MAY 28 1981

Ms. Mary L. Flint
Vice President, NIOSH Unit
AFGE, Local 41
Parklawn Building, Room 811
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Flint:

Thank you for your letter of May 18, outlining your concerns about NIOSH employees in Rockville.

As you know, management has shared with you certain information concerning budget proposals. This information was of a general nature since specific details will be available only when Congressional, Office of Manpower and Budget, and Department decisions are finalized. As a part of our original budget proposals, consolidation of program functions was mentioned as a possible requirement to meet proposed budget restrictions. Within NIOSH and CDC, we have discussed various program alternatives that might be necessary and appropriate for various budget possibilities. This has been an ongoing process and will be completed only when personnel and budget decisions are finalized.

At the time of the original budget proposals, we informed our employees that possible reductions-in-force might be necessary. As you are probably aware, a large number of rumors have been circulating over the past several weeks. These rumors about possible program changes and reductions have concerned employees in Rockville, Cincinnati, and Atlanta, and especially those assigned to the State and local health departments. Your letter mentions a few of these rumors. However, it has not been appropriate or possible to respond to all of these rumors.

You are assured that we will keep you informed concerning any personnel or budget decisions that may adversely impact on employees in your bargaining unit. We appreciate your positive efforts concerning these matters.

Sincerely yours,

William H. Foege, M.D.
Assistant Surgeon General
Director

AFGE LOCAL
fortyOne

Local 41
American Federation of
Government Employees
AFL-CIO
P.O. Box 8247
Southwest Station
Washington, D.C. 20024
A Union of Employees at
the Department of Health,
Education and Welfare

May 18, 1981

Dr. William H. Foege, Director
Center for Disease Control
1600 Clifton Road, N.E.
Atlanta, Georgia 30333

Dear Sir:

Ever since the President's proposed budget cuts became public, NIOSH has been fraught with rumors and conjecture about the possible relocation of NIOSH, i.e., to NIH (Bethesda), NIEHS (North Carolina), or CDC (Atlanta).

Following the dismissal of Dr. Robbins, the rumor that NIOSH headquarters would be moved to Altanta has rapidly escalated to the point that it is having a serious effect on morale. In view of the impending reductions-in-force within the Department and other agencies in this area, any relocation of NIOSH headquarters will have a detrimental impact on personnel who may be unable to relocate.

We are requesting that the union be notified immediately if alternative locations for NIOSH headquarters are, in fact, being given serious consideration. Our inclusion in early discussions would be beneficial to all concerned. We are anxious to allay the fears and concerns of the employees if there is no basis for these rumors.

Sincerely yours,

Mary L. Flint

Mary L. Flint
Vice President, NIOSH Unit
AFGE, Local 41

21 P 1:10

cc: Director, NIOSH
President, Local 41

Enclosure 9

BACKGROUND

The existing HHS-owned NIOSH facility located in Morgantown, West Virginia adjacent to the University of West Virginia Medical Center complex, was initially completed in the spring of 1972. A temporary building was completed and occupied in the spring of 1979 to provide office, laboratory and support space for the new Division of Safety Research. Total space is now approximately 65 to 70 thousand square feet, and currently houses 207 employees.

Historically, NIOSH's activities at Morgantown have been primarily to fulfill the Department's responsibilities under the Federal Coal Mine Health and Safety Act of 1969 as amended by the Mining Safety and Healthe Act of 1977.

In addition to research done in the areas of coal mining, energy, and metal and nonmental mining, the facility has become the focus for occupational respiratory disease research. Particular emphasis has been placed on the studies of organic dusts, principally cotton dust and grain dust. These facilities also support NIOSH's safety research program, which includes general safety research to reduce injuries and accidents, and research on personal protective equipment and respirators.

RATIONALE

We have proposed closing the Morgantown facility and consolidating essential activities in Cincinnati, where the bulk of our research is conducted. Currently NIOSH is housed in three different cities, and in three different facilities in Cincinnati. This presents considerable problems of increased overhead and travel expenses and diminished communications. We would move approximately 100 staff and their families to Cincinnati, and turn the existing facility over to the University of West Virginia for their research purposes. Essential research in respiratory disease would continue, be enhanced by research on general industry conducted in Cincinnati. Similarly, safety and personal protective equipment programs would go on in Cincinnati, but would be enhanced through coordination with the ongoing research on ergonomics and control technology.

QUESTIONS AND ANSWERS

Q:	You are proposing closing a facility in one of the most economically depressed regions in the country. How can you justify this?
A:	NIOSH's location in three different cities has increased its overhead and travel expenses, and problems of communication and coordination. We feel that essential research can be performed best and expenses reduced, by consolidating that research in Cincinnati, and that that consolidation can make the best use of the moneys for NIOSH. The existing facility can be turned back over to the University of West Virginia for their research and other uses, and, we hope, for the employment of those who will not transfer.

Q: The Congress has passed legislation that supports a great emphasis on research on hazards associated with mining. Aren't you undermining that emphasis?

A: Essential research in mining, safety, personal protective equipment and respiratory diseases will be carried on--indeed, enhanced--by location in Cincinnati. Respiratory disease research, personal protective equipment and safety research in general will be enhanced, I believe, through colocation with existing programs in ergonomics, control technology field investigations and toxicology.

Q: Why not close down another facility instead?

A: The bulk of NIOSH's research is based in Cincinnati, and closing it would present formidable dislocation. Loss of Rockville, which is NIOSH's headquarters, would result in a great diminution of coordination with Public Health Service activities, as well as those of the Occupational Safety and Health Administration and the Mine Safety and Health Administration. Moreover, greater savings are realized in closing a laboratory facility.

Mr. Blaylock. So not only was this proposal developed in a shroud of secrecy with only a few people involved and most of the rationale developed since the decisions have been made, but also the public inquiry into the decision has escalated the Department's timetable for implementing the proposed reorganization and transfer. Although the announcement for the move was not made until June 22, the Department has been planning such a move since March. Some have received telephone calls and letters from realtors in Atlanta and Cincinnati. The proposed moving date has been stepped up to November 1. Now Agency managers are attempting to intimidate the employees and undermine their union, for example by telling bargaining unit employees the unions opposition to the move is holding up their employment opportunities.

The proposed reorganization and transfer of NIOSH would have tremendous adverse effects on the American people. Particularly with the summer recess around the corner, it is imperative that Congress take whatever action is necessary to stop or at least forestall for the moment the proposed NIOSH reorganization and transfer. An example of this being done in the past was Representative Melvin Laird using appropriation language to inhibit the geographic location of an NIH institute. The Interior Appropriations Committee just this year restricted Secretary Watt from reorganizing one of his agencies. If the Committee and all the Committee Chairmen who have already opposed this proposal cannot persuade Secretary Schweiker of the errors of his ways, we urge you to take appropriate legislation sanctions.

Mr. Gaydos. Thank you.

Mr. Cook. Thank you. We are ready to answer any questions that you would like.

Mr. Kogovsek. Thank you, Mr. Chairman. Mr. Blaylock, let me ask you, in your opinion, what happens down the road 6 months or a year from now if you are correct, and I think you are, if the move does not work?

Mr. Blaylock. Well, as Joe pointed out in his testimony, Congressman, we have seen these before and the intent is not just to relocate the function but to integrate it into CDC, and NIOSH as we know it would no longer exist. It would be absorbed.

Mr. KOGOVSEK. How much input has there been from your union into this decision?

Mr. BLAYLOCK. There has been an effort by Joe and his local and our national headquarters to get information which Joe has pointed out in his testimony has been absent totally in coming to us. There has been a tremendous effort on the part of our union to have input and so far we have been told it is inappropriate to attempt to negotiate.

Mr. KOGOVSEK. Can you describe for me, anybody on the panel, what the typical family, this group of people being proposed of being moved would consist of. Is there a typical family. I guess the point is that there are going to be families that have to be uprooted as well as schools, et cetera.

Ms. CHRISTIAN. We have quite a few employees with families, single parents, children with learning disabilities, divorced mothers who are receiving assistance from State programs. All of these types of personal related programs have not been addressed by CDC officials.

Mr. KOGOVSEK. The point I was trying to make, what happens if the move does not work, et cetera, there is going to be irreparable damage done and it is going to be too late. If there is a way to make the system whole again it is going to be at the expense of the taxpayer, at the expense of the American workers, at the expense of the system.

Mr. BLAYLOCK. I think there are two problems there. One is the damage done to the employees and their family. Many of them are, keep in mind, in scientific and technical skills that are not that easy to locate. So when you go to Atlanta you have a serious situation of replacing those skills which has a serious effect on the American worker and the program they are in. The other side is the impact it has on the families from a personal point of view, with the soft job market that we now have in this country and the impact it will have in the community along with the personal impact it will have on the people themselves. Again we cannot find the reasoning behind the move especially when nobody says the agency has problems.

Mr. KOGOVSEK. Mr. Chairman, I think it might be wise for us, and I make this just as a suggestion, depending on how the hearing comes out and what our decision is, to look at the possibility of offering legislation. One of the panel members indicated a similar move that was being proposed by Mr. Watt, I believe, in Interior as well as the Office of Surface Mining is concerned. I think that there is the possibility that this Committee could propose legislation should we be convinced that move is the wrong one, that we might take similar action. With that, Mr. Chairman, I do not have any other questions.

Mr. GAYDOS. If I may respond to my colleague, there are more than one or two options that are available as alternatives to the Committee. This would not be the place to discuss them. We will hold that in abeyance until we find out the result we get from Secretary Schweiker, the request which will be conveyed tomorrow in which we will follow up and make a written request and I will make a telephone request to discuss this matter personally with him. I do not want to hold out any false hopes to anybody but there are some alternatives we are considering. I do have assurances from the side on my right, the Minority Representatives, talking to my good friend Mr. Kramer, and he tells me that he will join in a request to Mr. Schweiker and will call him himself personally and ask for at least a momentary postponement. Hopefully he will respond and acquiesce to it until we can get our hearings out of the way. He told me that before he left. So we will be doing some things and hopefully they will be effective.

I have a couple of questions, President Blaylock. Do you feel as I feel that the hidden reason underneath this whole thing is the desire by somebody, someplace, to reduce or eliminate the regulatory costs we have. I am talking about the number of inspections we make and the overall effectiveness. I may be 100 percent wrong but I feel that in my heart. How do you feel about it?

Mr. BLAYLOCK. Mr. Chairman, there is no doubt in your mind or my mind that what we are seeing here is simply a small part of the political power of the business community. And I mean mostly big business today regarding safety costs. Safety comes out of profits. The fight we are seeing going on is to reduce regulations, to reduce the Occupational Safety and Health Act requirements to dilute worker safety at the job site. There is a whole series of those things we are seeing, this is a small piece of it. There is no doubt in my mind that that is what is happening and there is where it is coming from. Those of us who do believe in the social welfare in this country and the social welfare of workers have our work cut out for us.

Mr. GAYDOS. We heard Mr. Barnes make reference to the fact that rather than mainstream NIOSH they want to get it back in. They mentioned computation of specific standards. Has NIOSH been operating effectively in your opinion the last 8 years?

Mr. BLAYLOCK. I do not think it is just in my opinion, Mr. Chairman. Every organization that deals with NIOSH or that is a recipient of their services—and we have been deeply involved with NIOSH with regard to a serious chemical problem at Hill Air Force Base—as I alluded to in my testimony, OSHA standards have not been imposed in the Federal sector until recently with the Executive order and that is not implemented. It has only been through the assistance of NIOSH that we have begun to finally develop the relationship between the worksite and over 300 deaths by cancer over a period of years at that airbase. There is no doubt in my mind that NIOSH is working. Nowhere in the papers that we did get has it said that they are not effective. They are limited in resources and it is going to be more limited with the 30-percent or so budget cuts and utilization of that money to effect this move, its effectiveness is going to be reduced.

Mr. GAYDOS. You made reference, when you were giving your presentation, to the fact that all these years no one raised a question as to whether or not they should be transferred or should not be. It was operating efficiently and proficiently. No one ever questioned the effectiveness.

Mr. **Blaylock**. It is kind of coincidental and at the same time they selected a director from Atlanta, then they decided to move an agency to Atlanta.

Mr. **Gaydos**. Yes, those things we are looking at and they do raise basic causes of suspicion that you have this sequence of events follow so close. It is not fair to disrupt a lot of people if that is the case.

Mr. **Blaylock**. If the choice to be made is to pay the moving expenses for 1 family or 157 plus an agency it looks like in this day of economy and economic concerns we would move 1.

Mr. **Gaydos**. I would hope so and I hope the Secretary will be reasonable on the request we are about to propound to him as far as the delay until we can get a better understanding of the situation through some more testimony.

Mr. Cook, what was the basis for your information leading to your statement that move was being planned back in March?

Ms. **Christian**. I think I can answer that best. We have found out that relocation experts who are here from Atlanta have spoken to a NIOSH employee and informed that employee that they have been dealing with CDC employees since March of this year as to how to relocate CDC employees. I believe they get their funds from real estate companies who try to sell homes to NIOSH employees. But they have been informed that they have been dealing with CDC since March of this year.

Mr. **Gaydos**. Could you for the record, if you know, give us the name of the agent or the employee who would be able to verify that effect.

Ms. **Christian**. I can ask and get back to you. The name of the company is Coast to Coast Relocators, I believe. They do have office space in NIOSH right now. I can get you the names of the two representatives who are here.

Mr. **Gaydos**. Is there anything else the committee should know from you?

Ms. **Christian**. I believe you should know in that Freedom of Information Act request we were denied in their entirety two memorandums and also the listing of the memorandums, telling me that in order to get a listing of what was denied I would have to make an appeal. So, now I have to make an appeal to get a listing of what I was denied and then make an appeal to get those two memorandums.

Mr. **Gaydos**. That is called administrative mumbo jumbo. That is what lawyers make a living on.

Ms. **Christian**. So I think the Committee might be very interested in finding out what those memoranda are.

Mr. **Gaydos**. President Cook, during your experience with the local, did anybody bring those questions up pertaining to this question before or after.

Mr. **Cook**. Before June 22?

Mr. **Gaydos**. Yes.

Mr. **Cook**. No. As I said we sent a letter in May because we had rumors about it and specifically asked to be told or to justify what is the basis for the rumors and they responded that it was inappropriate to respond to the rumors. We did not find out until the date before the official announcement. We found out more today in the testimony given by Brandt than we found out in the last 2 months about the proposed move.

Mr. GAYDOS. President Blaylock, do you have any more to add?

Mr. BLAYLOCK. No. I would make a point about the problem we have had in trying to get information. You would think that if the proposed action is going to improve administration and effectiveness so much they would be glad for everybody to know how they were doing it, would you not?

Mr. GAYDOS. I want to thank the panel for appearing. Does anybody else have anything to say? I hope the committee can presume that if we have additional discussions that you will be available to committee counsel and to other members of the committee.

Mr. BLAYLOCK. Thank you so much, Mr. Chairman.

Mr. GAYDOS. Thank you for your appearance.

The Chair will call the next panel—Mr. George Taylor, director, department of occupational safety and health, AFL-CIO; Mr. Jack Sheehan, director, legislative department, United Steelworkers of America; and Dr. Lorin Kerr, occupational health department, International Union of United Mine Workers of America.

On behalf of the committee I wish to welcome you. You may proceed in the order you determine among yourselves.

STATEMENT OF GEORGE H. R. TAYLOR, DIRECTOR, DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH, AFL-CIO

Mr. TAYLOR. The committee has taken much time this morning in hearing the statements of the previous witnesses. In the interest of it patience, I am not going to read my entire statement. I will read part of it and would ask the chairman to include the entire statement in the record, if he would do so.

Mr. GAYDOS. At this time, without objection, it will be made part of the record.

Mr. TAYLOR. Mr. Chairman, my name is George H. R. Taylor. I am the director of the department of occupational safety and health of the American Federation of Labor and Congress of Industrial Organizations.

On behalf of the AFL-CIO, I appreciate this opportunity to present our views in strong opposition to the announced removal on June 23, 1981, of the Rockville, Md. headquarters of the National Institute of Occupational Safety and Health from its present location in Rockville, Md. to the Atlanta, Ga. headquarters of the Center for Disease Control of the Department of Health and Human Services. This move also involves the transfer of the NIOSH Division of Criteria Documents and Standards Development from Rockville to Cincinnati, Ohio.

We wish to express our thanks to the chairman and this subcommittee for holding these hearings.

In the past year, unsuccessful efforts were made by the Center for Disease Control to bring about this transfer. It was successfully opposed by all of the three previous NIOSH Directors, the two labor committees of the Congress, the House Labor-HHS Appropriations Subcommittee, and organized labor.

This decision to move NIOSH was made at a time when there was no NIOSH Director in office to oppose its move. The simultaneous announcement of the transfer with the appointment of Dr. Millar, to fill the vacancy created by the firing of Dr. Robbins, effectively eliminated any official opposition from NIOSH.

It is obvious that CDC, with the approval of the Secretary of HHS, has hoped that the element of surprise would carry the day. This may account for its inexcusable failure to inform this subcommittee of its intentions, or to consult with and obtain the views of organized labor and the local union on its plans.

The hour is late. Already CDC is using the means at its disposal to begin the exodus. We have been informed that more than 20 NIOSH administrative and planning personnel are under orders to report to Atlanta to CDC, not NIOSH.

The shadow of the eventual dissolution of NIOSH as a viable agency already hangs as dark as night, and the assistance of this subcommittee to stop this proceeding is desperately needed if NIOSH is to continue its vital function on behalf of the safety and health of America's workers, as assigned by the Congress in the OSHA Act.

I am not going to cover the territory which has already been effectively covered by the witnesses from AFGE on the details and the anatomy of the move and some of the documents which they have obtained.

I will proceed on broader areas. Organized labor has a special feeling toward NIOSH, as my statement indicates. We were in at the beginning, and we are not going to allow anything to impair its effectiveness in the way that was set forth by the congressional directive that created it in sections 20, 21, and 22 of the act.

Attached to this statement is a letter dated June 26, 1981, from President Lane Kirkland of the AFL-CIO to Secretary of Health and Human Services, Richard S. Schweiker. President Kirkland attempted in a reasonable manner to set forth our concerns about the transfer of NIOSH in the hope that we would be given the opportunity to discuss the matter with the Secretary and his staff before the decision became absolutely final.

To this day, President Kirkland's letter to the Secretary has gone unanswered. Several efforts to communicate with his office by telephone have been given the same silent treatment.

It is hard to guess whether the Secretary regards the NIOSH issue as too trivial to merit his attention, or whether this administration has adopted the policy of stonewalling when it receives a complaint about a contemplated action by one of its agencies.

I might add, Mr. Chairman, that the rumors of this move became relatively common knowledge back in March and a safety and health newsletter published rumors to this effect.

On the strength of that, speaking of our actions on it, a letter was drafted to Secretary Schweiker, and it was not sent because before it was finally approved by President Kirkland, a call was made from his office to Secretary Schweiker to ask if there was any foundation of those rumors of intended transfer. He was assured there was no consideration being given to it at this time. This was in March.

A singular element of this whole operation is that it is being done without first having secured space for either the Atlanta or the Cincinnati contingents. CDC has not yet acquired rental office space in Atlanta even after public announcement of the transfer.

The problem of where to put criteria document personnel in Cincinnati has not been solved. The two facilities for present staff headquarters there are crowded, inadequate, and antiquated, and in some areas fire hazards.

It is also incredible to learn that local 41 of AFGE was not given any advance warning of what was contemplated, even when the possibility of relocation was being seriously contemplated, was common knowledge and had been given press coverage.

Mr. Chairman, CDC, after having been balked of prey for years, has found its opportunity at last to swoop down and carry NIOSH off in its talons without first securing adequate space, notification of affected employees, cost estimates, or any other reasonable and necessary preparations or justifications other than a vague, complacent assurance about promoting greater administrative efficiency.

Organized labor does not buy this, and we feel confident that this committee will require the Assistant Secretary of Health to present to it whatever rationale, if any, he may have fully and completely, and not allow the record to stand as it is.

As to the mainstream argument, it should be pointed out that CDC as an agency chiefly relates to State and local public health agencies, to a small extent with international government health entities, and that its relationship with academic institutions and independent research organizations is relatively inconsequential.

In contrast, NIOSH contacts with the scientific community are broad. Its system of peer review of research projects and ongoing criteria documents on toxic materials was developed with little assistance from CDC, which offers nothing equivalent in that area, simply because it lacks the scientific expertise and the working relationships to make a peer review system operative.

It is CDC, not NIOSH, that is out of the mainstream of scientific research. It is CDC who was responsible for creation of the swine flu nonepidemic which cost the taxpayers $300 million. And it is CDC which was sharply rebuked recently by Senator Robert T. Stafford, Chairman of the Senate Environmental and Public Works Committee, for seeking to avoid its statutory commitments under the Superfund Act.

The evidence suggests that CDC acted in unseemly haste to grease the skids for the transfer that it ignored Budget Circular A-60, still in effect, which contains the criteria by which a Federal agency is enabled to make a decision whether or not to decentralize activities from the national capital region.

The chairman has concluded in his remarks contained in the June 26, 1981 Congressional Record:

> Now moving NIOSH to Atlanta hardly benefits society, as our application of the administration's cost benefit guideline has shown. There does not seem to be a benefit to worker health. There does seem to be a detriment.

Data compiled by AFGE Local 41, NIOSH, covering the past year reveal that NIOSH personnel met 1,144 times in the Washington area with a wide array of other Federal agencies within and outside the Department of HHS, with unions, trade associations, professional societies and universities. Removal to Atlanta and Cincinnati would require a large increase in travel from Atlanta or Cincinnati, or vice versa, if these contacts were not sharply cut back.

We submit that there isn't enough money in the fiscal year 1982 NIOSH budget, which was slashed 29 percent from last year, to fund any such number of contacts by relocated NIOSH personnel, unless moneys are reprogramed from other vital activities.

We cannot speak for Federal agencies involved in contacts with NIOSH in this area. It seems unlikely that they would dig into their own scarce travel budgets to meet with the same regularity with NIOSH staff, either in Atlanta or Cincinnati.

As for union contacts with NIOSH, there will be a sharp drop from the 56 or more which took place last year, as tallied by Local 41. This applies particularly to the unions headquartered in Washington, D.C.

For example, if the AFL-CIO had 25 contacts with NIOSH staff and director this year, as was the case last year, its travel budget for this purpose only, would exceed that of the AFL-CIO's Department of Occupational Safety and Health by a very large margin.

Through the years organized labor has had the opportunity to observe CDC and the manner in which it deals with NIOSH. To begin with, it is our opinion that CDC does not have the scientific credibility and reputation to provide first-rate professional direction of NIOSH, nor to give it proper policy guidance and strong support.

CDC did not stand by Dr. John Finklea when he was forced out of the NIOSH directorship. Nor, most recently did one hear of any protest from CDC at the firing at 1 hour's notice of Dr. Anthony Robbins, following a scurrilous attack on his stewardship of NIOSH and on him and his Assistant Director personally by the United States Chamber of Commerce.

Dr. Robbins was even denied reassignment elsewhere within the uniformed Public Health Service Corps because a little used rule was applied to deny him full status as a member.

It has been our experience in the many times during the history of OSHA that CDC never really fought to increase or to restore NIOSH's lean budget on the Hill.

In this process, whenever reductions were made, NIOSH generally suffered most. I can personally recall twice when CDC stood by while the AFL-CIO fought successfully in the Congress for restoration of some of the funds taken from training and manpower development. On one of these occasions, intervention by the National Advisory Committee on Occupational Safety and Health was instrumental in such restoration.

Once again we comment on the laxity and indifference by which CDC has addressed itself to remedying the almost unbelievable NIOSH laboratory facilities in Cincinnati.

For years, these facilities were ill-equipped, decrepit, and even so unsafe they could not have passed an OSHA inspection. NIOSH laboratories were now in safer, but still unmodern buildings in Cincinnati and when CDC managed this move, the results were delays and cost overruns.

Several site selection studies for permanent NIOSH headquarters have been undertaken in the past, but because of lack of concern by the various HHS Secretaries and CDC, together with indifference in the Congress, they are presently in limbo.

Operationally, NIOSH within the HHS hierarchy is two steps below OSHA in the Department of Labor. This produces needless problems in achieving effective collaboration between the two agencies in carrying out joint responsibilities under the act.

It has been the long held opinion of organized labor that the placement of NIOSH within CDC flouts the legislative intent of the Occupational Safety and Health Act. The legislative history of the act, in our opinion, bears this out.

Senator Jacob K. Javits, whose amendment created present NIOSH, had this to say in explaining NIOSH:

> The establishment of this institute will elevate the status of occupational safety and health to place it on an equal footing with the research conducted by HEW in other matters of vital social concern.

Senator Harrison A. Williams, Jr. explained that the institute "* * * will be another great landmark of hope in health and safety at the National Institutes of Health."

Finally, a letter dated August 3, 1973 to former HEW Secretary Casper Weinberger, and signed by former Senators Javits, Robert Taft, Jr. and Senator Williams, which reads in part:

> We are also concerned about the placement of NIOSH under the Center for Disease Control in the operational heirarchy of HEW. This placement is certainly contrary to the expressly stated intent of Congress in creating NIOSH, which was to elevate the status of occupational safety and health research in HEW from its relatively low level in 1970.

But the new administration and its antiregulation policy has given CDC its golden opportunity to carry off NIOSH in the guise of unspecified administrative efficiencies. It is indulging in this bureaucratic hijacking while 100,000 working men and women die every year from the toxins of the workplace and hundreds of thousands are afflicted with occupational illnesses.

The responsibilities entrusted by the Congress to NIOSH as its part in stopping this slaughter are indispensable to the goals of the act. They are far too important to have ever been entrusted for implementation to the Center for Disease Control. This agency has shown itself as incapable or unwilling adequately to undertake such a task.

Transferring NIOSH from the Washington, D.C. area to Atlanta and Cincinnati is the wrong move at the wrong time to the wrong agency. Organized labor and indeed every American worker needs the help of the subcommittee in stopping a decision which will lead to the eventual disintegration of NIOSH as an effective instrument in implementing the act.

We urge that you do all in your power not only to stop the removal of NIOSH, but also to enlarge the scope of this oversight hearing to make a searching inquiry as to the need for a renaissance of NIOSH—the final severing of the silver cord that attaches it to CDC, and its elevation within the Department of HHS to a level appropriate to the scope, complexity and importance of its mission.

[The prepared statement of George Taylor follows:]

PREPARED STATEMENT OF GEORGE H. R. TAYLOR, DIRECTOR, DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH, AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS

Mr. Chairman, my name is George H. R. Taylor. I am the Director of the Department of Occupational Safety and Health of the American Federation of Labor and Congress of Industrial Organizations. On behalf of the AFL–CIO, I appreciate this opportunity to present our views in strong opposition to the announced removal on June 23, 1981 of the Rockville, Md. headquarters of the National Institute of Health, from its present location in Rockville, Md., to the Atlanta, Ga. headquarters of the Center for Disease Control of the Department of Health and Human Services. This move also involves the transfer of the NIOSH Division of Criteria Documents and Standards Development from Rockville to Cincinnati, Ohio.

We which to express our thanks to the chairman and this subcommittee for holding these hearings.

In past years unsuccessful efforts were made by the Center for Disease Control to bring about this transfer. It was sucessfully opposed by all of the three previous NIOSH Directors, the two labor committees of the Congress, the House Labor-HHS Appropriations Subcommittee and organized labor. This decision to move NIOSH was made at a time when there was no NIOSH Director in office to oppose its move. The simultaneous announcement of the transfer with the appointment of Dr. Millar, to fill the vacancy created by the firing of Dr. Robbins, effectively eliminated any official opposition from NIOSH.

It is obvious that CDC, with the approval of the Secretary of HHS, has hoped that the element of surprise would carry the day. This may account for its inexcusable failure to inform this subcommittee of its intentions, or to consult with and obtain the views of organized labor and the local unions on its plans. The hour is late. Already CDC is using the means at its disposal to begin the exodus. We have been informed that more than 20 NIOSH administrative and planning personnel are under orders to report to Atlantic to CDC, not NIOSH. Others are being asked to volunteer to make the change around mid-August. The shadow of the eventual dissolution of NIOSH as a viable agency already hangs as dark as night, and the assistance of this subcommittee to stop the proceedings is desperately needed if NIOSH is to continue its vital function on behalf of the safety and health of America's workers, as intended by Congress in the OSHA Act.

Fully to understand organized labor's concern about NIOSH, it is necessary to go back in time to 1968 when what is now the Occupational Safety and Health Act was under consideration by the Congress. The testimony presented to both the House and Senate labor subcommittees by the AFL–CIO proposed an "Occupatonal Safety and Health Center" within the Department of the Health, Education and Welfare, a model T version of present NIOSH. Our concept was further developed in the course of a colloquy in the 1968 Senate hearings among Senator Harrison Williams former Senator Javits, former Director of the AFL–CIO Department of Legislation, Andrew J. Biemiller, and myself. The outcome of all this was Senator Javits' amendment to create what is now found in Sections 20, 21, and 22 of the OSHA Act as NIOSH and assigning its responsibilities under the statute.

Thus, the National Institute for Occupational Safety and Health and the indispensable services it was assigned to perform on behalf of the safety and health of workers under OSHA has been very close to organized labor from then to the present. We have supported its program in every way we could—gone to the Hill again and again for funding the agency to enable it to do the kind of job commensurate with its reponsibilities. For years, we have defended NIOSH from attempted bureaucratic blood-letting by CDC to the best of our abilities, worked with the NIOSH directors and staff, criticized what they did or failed to do if we thought they were not measuring up to their responsibilities, and will continue to do so.

I think you will find it quite understandable, therefore, that organized labor has a special feeling toward NIOSH, and thus this feeling shows itself when we express our strongest opposition to this move. In our opinion, it will not only impair the effective operations of NIOSH within the Department of Health and Human Services, but ultimately result in NIOSH becoming of little real value in the over-all effort to improve the safety and healthfulness of America's workplaces. We will not stand by idly when the integrity of NIOSH is threatened.

Attached to this statement is a letter dated June 26, 1981, from President Lane Kirkland of the AFL–CIO to Secretary of Health and Human Services, Richard S. Schweiker. President Kirkland attempted in a reasonable manner to set forth our concerns about the transfer of NIOSH in the hope that we would be given the opportunity to discuss the matter with the Secretary and his staff before the decision became absolutely final.

To this day, President Kirkland's letter to the Secretary has gone unanswered. Several efforts to communicate with his office by telephone have been given the same silent treatment. It is hard to guess whether the Secretary regards the NIOSH issue as too trivial to merit his attention, or whether this administration has adopted the policy of stonewalling when it receives a complaint about a contemplated or completed action by one of its agencies.

Among other things, the removal of NIOSH is a prime example of bureaucratic inefficiency which cannot be larded over by unsubstantiated claims of achieving better efficiency, or of bringing NIOSH into the "mainstream of public health and prevention" which allegedly flows like Old Man River in Atlanta, Georgia.

Data developed by NIOSH and interpreted by the staff of this subcommittee estimates that the transfer to Atlanta and Cincinnati could cost as much as $16 million, and Congressman Gaydos has satirically jabbed at the "cost-benefit" pretensions of the new Administration as applied to the NIOSH issue by demonstrating a cost of $9.29 cents for every dollar saved in the transfer.

A grotesque element of this whole operation is that it is being done without first having secured space for either the Atlanta or the Cincinnati contingents. CDC has not yet acquired rental office space in Atlanta even after public announcement of the transfer. The problem of where to put criteria document personnel in Cincinnati has not been solved. The two facilities for present staff headquarters there are crowded, inadequate, and antiquated and in some areas fire hazards.

It is also incredible to learn that Local 41 of AFGE was not given any advance warning of what was contemplated, even when the possibility of relocation was being seriously contemplated, was common knowledge and had even been given press coverage. When the local asked if the move was being seriously considered, Dr. Foege, Director of CDC replied that it was inappropriate to respond to rumors. Thirty days later the move was announced. Even the most hardened employer in the private sector will generally give some advance notice to his workers if some are going to be laid off or he has decided to move his plant to another location.

The personal hardships faced by NIOSH staff in making this move were communicated to CDC in a recent intramural briefing on the subject by the Deputy Director for CDC, William Watson. His response was that CDC "cared" about this. It was a "caring" organization; he, too, had both been transferred himself and had transferred others. After this empathetic statement, he responded to a question from one of the NIOSH staff that bringing NIOSH into the mainstream of public health and research was the "overriding concern". The decision was made even if it hurt the staff, even though he couldn't tell the questioner what the move would cost because he didn't have the figures "on the top of my head".

Mr. Chairman, CDC, after having been balked of prey for years, has found its opportunity at last to swoop down and carry NIOSH off in its talons without first securing adequate space, notification of affected employees, cost estimates or any other reasonable and necessary preparations or justifications other than a vague, complacent assurance about "promoting greater administrative efficiency". Organized labor does not buy this, and we feel confident that this committee will require the Assistant Secretary of Health to present to it whatever rationale, if any, he may have fully and completely, and not allow the record to stand as it is.

As to the "mainstream" argument, it should be pointed out that CDC as an agency chiefly relates to state and local public health agencies, to a small extent with international government health entities, and that its relationship with academic institutions and independent research organizations is relatively inconsequential. In contrast, NIOSH contacts with the scientific community are broad. Its system of peer review of research projects and ongoing criteria documents on toxic materials was developed with little assistance from CDC which offers nothing equivalent in that area, simply because it lacks the scientific expertise and the working relationships to make a peer review system operative.

It is CDC, not NIOSH, that is out of the "mainstream" of scientific research. It is CDC who was responsible for creation of the swine flu "non-epidemic" which cost the taxpayers $300 million. And it is CDC which was sharply rebuked recently by Senator Robert T. Stafford (R-VT), Chairman of the Senate Environmental and Public Works Committee, for seeking to avoid its statutory commitments under the Superfund Act.

The evidence suggests that CDC acted in such unseemly haste to grease the skids for the transfer that it ignored Budget Bureau Circular A-60, still in effect, which contains the criteria by which a federal agency is enabled to make a decision whether or not to decentralize activities from the national capital region.

The Chairman has concluded in his remarks contained in the June 26, 1981 Congressional Record: "Now moving NIOSH to Atlanta hardly benefits society, as our application of the administration's cost-benefit guideline has shown. There does not seem to be a benefit to worker health. There does seem to be a detriment."

Data compiled by AFGE Local 41, NIOSH, covering the past year reveal that NIOSH personnel met 1,144 times in the Washington area with a wide array of other federal agencies within and outside the Department of HHS, with unions, trade associations, professional societies and universities. Removal to Atlanta and Cincinnati would require a large increase in travel from Atlanta or Cincinnati, or vice versa, if these contacts were not sharply cut back.

We submit that there isn't enough money in the fiscal year 1982 NIOSH budget (which was slashed 29 percent from last year) to fund any such number of contacts by relocated NIOSH personnel, unless moneys are reprogrammed from other vital activities. We cannot speak for federal agencies involved in contacts with NIOSH in this area. It seems unlikely that they would dig into their own scarce travel budgets to meet with the same regularity with NIOSH staff, either in Atlanta of Cincinnati.

As for union contacts with NIOSH, there will be a sharp drop from the 56 or more which took place last year, as tallied by Local 41. This applies particularly to the unions headquartered in Washington, D.C. For example, if the AFL-CIO had 25 contacts with NIOSH staff and director this year as was the case last year, its travel budget for this purpose only, would exceed that of the AFL-CIO's Department of Occupational Safety and Health by a very large margin.

Therefore, President Kirkland's warning to the Secretary of HHS that the Rockville-Atlanta, Cincinnati transfer of NIOSH headquarters would endanger the close working relationships NIOSH must maintain with other federal agencies, with unions, management, and other groups is one which should have been heeded, but was not.

But this issue does not turn on efficiency or convenience alone. Our grave concern is that taken altogether, CDC is not nor has it been from the beginning the right agency to exercise administrative control and direction over NIOSH as one of its sub-agencies.

Through the years organized labor has had the opportunity to observe CDC and the manner in which it deals with NIOSH. To begin with, it is our opinion that CDC does not have the scientific credibility and reputation to provide first rate professional direction of NIOSH, nor to give it proper policy guidance and strong support.

CDC did not stand by Dr. John Finklea when he was forced out of the NIOSH directorship. Nor, most recently did one hear of any protest from CDC at the firing at one hour's notice of Dr. Anthony Robbins, following a scurrilous attack on his stewardship of NIOSH and on him and his Assistant Director personally by the United States Chamber of Commerce. Dr. Robbins was even denied reassignment elsewhere within the uniformed Public Health Service Corps because a little used rule was applied to deny him full status as a member.

It has been our experience in the many times during the history of OSHA that CDC never really fought to increase or to restore NIOSH's lean budget on the Hill.

In this process, whenever reductions were made, NIOSH generally suffered most. I can personally recall twice when CDC stood by while the AFL-CIO fought successfully in the Congress for restoration of some of the funds taken from training and manpower development. On one of these occasions, intervention by the National Advisory Committee on Occupational Safety and Health was instrumental in such restoration.

Once again we comment on the laxity and indifference by which CDC has addressed itself to remedying the almost unbelievable NIOSH laboratory facilities in Cincinnati. For years these facilities were ill-equipped, decrepit, and even so unsafe they could not have passed an OSHA inspection. NIOSH laboratories were now in safer, but still unmodern buildings in Cincinnati and when CDC managed this move the results were delays and cost overruns.

Several site selection studies for permanent NIOSH headquarters have been undertaken in the past, but because of lack of concern by the various HHS Secretaries and CDC, together with indifference in the Congress, they are presently in limbo.

Operationally, NIOSH within the HHS hierarchy is two steps below OSHA in the Department of Labor. This produces needless problems in achieving effective collaboration between the two agencies in carrying out joint responsibilities under the Act.

It has been the long-held opinion of organized labor that the placement of NIOSH within CDC flouts the legislative intent of the Occupational Safety and Health Act. The legislative history of the Act, in our opinion, bears this out.

Senator Jacob K. Javits, whose amendment created present NIOSH had this to say in explaining NIOSH (p. 196): "The establishment of this Institute will elevate the status of occupational safety and health to place it on an equal footing (our emphasis) with the research conducted by HEW in other matters of vital social concern."

Senator Harrison A. Williams, Jr. (p. 445) explained that the Institute "* * * will be another great landmark of hope in health and safety at the National Institutes of Health."

Finally, a letter dated August 3, 1973 to former HEW Secretary Casper Weinberger, and signed by former Senators Javits, Robert Taft, Jr., and Senator Williams which reads in part: "We are also concerned about the placement of NIOSH under the Center for Disease Control in the operational hierarchy of HEW. This placement is certainly contrary to the expressly stated intent of Congress in creating NIOSH, which was to elevate the status of occupational safety and health research in HEW from its relatively low level in 1970."

Even though CDC has been successful thus far in retaining NIOSH under its wing, its efforts to reduce it to a yard-birding safety and health research agency, fighting the chemicals and physical agents afflicting workers at their jobs in the same fashion CDC fights smallpox and typhoid fever, have until now been balked of final success.

But the new administration and its anti-regulation policy has given CDC its golden opportunity carry off NIOSH in the guise of unspecified administrative efficiencies. It is indulging in this bureaucratic high jacking, while 100,000 working men and women die every year from the toxins of the workplace and hundreds of thousands are afflicted with occupational illnesses.

The responsibilities entrusted by the Congress to NIOSH as its part in stopping this slaughter are indispensable to the goals of the Act. They are far too important to have ever been entrusted for implementation to the Center for Disease Control. This agency has shown itself as incapable or unwilling adequately to undertake such a task.

Transferring NIOSH from the Washington, D.C. area to Atlanta and Cincinnati is the wrong move at the wrong time to the wrong agency. Organized labor and indeed every American worker need the help of the subcommittee in stopping a decision which will lead to the eventual disintegration of NIOSH as an effective instrument in implementing the Act.

We urge that you do all in your power, not only to stop the removal of NIOSH but also to enlarge the scope of this oversight hearing to make a searching inquiry as to the need for a renaissance of NIOSH—the final severing of the silver cord that attaches it to CDC, and its elevation within the Department of HHS to a level appropriate to the scope, complexity and importance of its mission.

American Federation of Labor and
Congress of Industrial Organizations,
Washington, D.C., June 26, 1981.

Hon. Richard S. Schweiker,
Secretary of Health and Human Services, Washington, D.C.

Dear Mr. Secretary: The AFL–CIO is concerned about the possible implications of the shift of the headquarters of the National Institute for Occupational Safety and Health from Rockville, Md., to Atlanta, Ga., and urges you to reconsider this action. We believe such a move could impair the effectiveness of NIOSH's research and investigation program and, ultimately, damage the overall effort to improve the safety and healthfulness of America's workplaces.

This move could make it difficult for NIOSH to preserve its identity as an institute for the protection of worker's health and safety by subordinating its mission to that of the Center for Disease Control. At a minimum, NIOSH will lose the expertise of a number of staff members who cannot or will not move to Atlanta, with no assurance the institute will be able to fill their vacancies. The cost of the move will also put a drain on NIOSH resources.

In addition, the physical separation will endanger the close working relationship NIOSH must have with OSHA and EPA, as well as its contacts with union health and safety experts, while adding travel expenses to and from Washington.

We are frankly disappointed at the lack of consultation about the move with those groups and individuals most affected. We are especially concerned about the future ability of NIOSH to carry out its research and investigative role in protecting the safety and health of workers.

If the decision to move NIOSH is not final, we would like a meeting to discuss our concerns about any contemplated move. If the move is undertaken, I will ask our safety and health experts to closely monitor NIOSH and its activities to assure that its effectiveness is not diminished or impaired by any move to Atlanta. The AFL-CIO will bring any problems to your attention in hopes that you will take appropriate action to preserve and strengthen this agency whose work is so important to working people.

Sincerely,

LANE KIRKLAND,
President.

Mr. GAYDOS. Mr. Sheehan?

STATEMENT OF JOHN J. SHEEHAN, DIRECTOR, LEGISLATIVE DEPARTMENT, UNITED STEELWORKERS OF AMERICA, AFL-CIO

Mr. SHEEHAN. Thank you.

My name is John J. Sheehan, and I am the legislative director of the United Steelworkers of America. I have a prepared statement that I would rather not read, but would like to have put in the record, if I might.

Mr. GAYDOS. At this time, without objection, the statement as presented to the committee will appear in full in the record.

Mr. SHEEHAN. Sitting here this morning, Mr. Chairman, has been somewhat painful, I must say. I could not help but think of the episode recently on our TV that depicted an American Indian returning after centuries to visit the land. There is a tear in his eye.

I could not help but feel that there were tears in the eyes of many people in this room, Mr. Chairman, when we witnessed the description of the role of NIOSH in this whole function involving occupational health for workers.

If anything has happened over the last 10 years, there has been the renaissance, the emergence of the knowledge that occupational disease is killing workers in this country and in fact is controllable.

The descriptions by the Assistant Secretary of HHS with regard to his knowledge of NIOSH really, Mr. Chairman, should make us all wonder on what basis even the decision to transfer NIOSH could be valid if he knew so little about it.

I must say to the credit of your committee member Congressman Kramer, he did something to rescue the definition of NIOSH as being a much more expansive role than was originally described by the Secretary.

Second, I could not help but realize that the last year we witnessed debate over the Schweiker bill. The discussion on the Schweiker bill had two aspects to it. One was the reduction that there was no adequate discussion of the contents of that bill before it was introduced. Third, Mr. Chairman, there was no adequate understanding of the safety aspect of the OSHA role.

I hear today or at most during the last couple of weeks I guess that we are witnessing another Schweiker strike—if I may use that word—striking at the occupational disease of the act. Again, no adequate discussion.

You yourself in questioning the witness are finding out that there were no indepth discussions, no reports were revealed to you as to the options that were evaluated before the Secretary finally came to a conclusion. No evaluation of the options, and unbelievably no detail of the relationship of NIOSH to OSHA. It was all just waived aside.

While I might say, as a side bar, that this decisionmaking episode kind of denigrates the statute of the Assistant Secretary of Labor, Occupational Safety and Health, nevertheless it certainly completely ignores the nexus between NIOSH and OSHA.

The relationship to OSHA was completely ignored in any of the discussions expressed here this morning, let alone the relationship to EPA and TOSCA and to other health-oriented organizations.

So, Mr. Chairman, we have been very much concerned that what really this debate is about is the fact that we are now witnessing the effort to submerge the concern for occupational disease in this country.

A review of the Act—and I thought it might be appropriate at this time to put in the record just the reading of the first sentences in three sections of the act, or at least two sections of the act, that deal with the statutory obligation of NIOSH.

The act states:

> The Secretary of HEW shall conduct research experiments and demonstrations relating to Occupational Safety and Health including psychological/physiological factors involved and relating to innovative methods, techniques and approaches for dealing with occupational safety and health problems.

This is not a role of the scientists at CDC. The Act contemplates an evaluation of the whole psychology of the workplace. That is a statutory responsibility in section 20(a)(1) of NIOSH.

> Secretary of HEW shall from time to time consult with the Secretary of Labor in order to develop scientific plans for research, demonstration and experiments as are necessary to produce criteria including criteria identifying toxic substances.

Again, an immediate direct short range contact with the Secretary of Labor who is engaged in daily contact on the work floor. We are not talking about pure research where we are going to back up research for the next 10 or 20 years. We are talking about the necessity to understand the scientific involvements currently taking place in the workplace.

The act goes on to say, that he shall conduct these areas in trying to determine new technology:

> The Secretary of HEW, in order to comply with his responsibilities, should begin to require employers to measure and keep records and reports of exposure of employees.

Again, it is a very action-oriented program, Mr. Chairman. Perhaps I should not go further. But I think it would be appropriate perhaps if this section were put in the record.

If we could have sections 20, 21, and 22 of the 1970 OSHA inserted in the record, because it shows what the role of NIOSH is.

Mr. GAYDOS. In addition to the statement, that portion of the statute, sections 20, 21, and 22 will be made part of the record in these proceedings.

Without objection, it is so ordered.

[The information referred to above follows:]

RESEARCH AND RELATED ACTIVITIES

SEC. 20. (a)(1) The Secretary of Health, Education, and Welfare, after consultation with the Secretary and with other appropriate Federal departments or agencies, shall conduct (directly or by grants or contracts) research, experiments, and demonstrations relating to occupational safety and health, including studies of psychological factors involved, and relating to innovative methods, techniques, and approaches for dealing with occupational safety and health problems.

(2) The Secretary of Health, Education, and Welfare shall from time to time consult with the Secretary in order to develop specific plans for such research, demonstrations, and experiments as are necessary to produce criteria, including criteria identifying toxic substances, enabling the Secretary to meet his responsibility for the formulation of safety and health standards under this Act; and the Secretary of Health, Education, and Welfare, on the basis of such research, demonstrations, and experiments and any other information available to him, shall develop and publish at least annually such criteria as will effectuate the purposes of this Act.

(3) The Secretary of Health, Education, and Welfare, on the basis of such research, demonstrations, and experiments, and any other information available to him, shall develop criteria dealing with toxic materials and harmful physical agents and substances which will describe exposure levels that are safe for various periods of employment, including but not limited to the exposure levels at which no employee will suffer impaired health or functional capacities or diminished life expectancy as a result of his work experience.

(4) The Secretary of Health, Education, and Welfare shall also conduct special research, experiments, and demonstrations relating to occupational safety and health as are necessary to explore new problems, including those created by new technology in occupational safety and health, which may require ameliorative action beyond that

which is otherwise provided for in the operating provisions of this Act. The Secretary of Health, Education, and Welfare shall also conduct research into the motivational and behavioral factors relating to the field of occupational safety and health.

Toxic substances, records.

(5) The Secretary of Health, Education, and Welfare, in order to comply with his responsibilities under paragraph (2), and in order to develop needed information regarding potentially toxic substances or harmful physical agents, may prescribe regulations requiring employers to measure, record, and make reports on the exposure of employees to substances or physical agents which the Secretary of Health, Education, and Welfare reasonably believes may endanger the health or safety of employees. The Secretary of Health, Education, and Welfare also is authorized to establish such programs of medical examinations and tests as may be necessary for determining the incidence of occupational illnesses and the susceptibility of employees to such illnesses. Nothing in this or any other provision of this Act shall be deemed to authorize or require medical examination, immunization, or treatment for those who object thereto on religious grounds, except where such is necessary for the protection of the health or safety of others. Upon the request of any employer who is required to measure and record exposure of employees to substances or physical agents as provided under this subsection, the Secretary of Health, Education, and Welfare shall furnish full financial or other assistance to such employer for the purpose of defraying any additional expense incurred by him in carrying out the measuring and recording as provided in this subsection.

Medical examinations.

Toxic substances, publication.

(6) The Secretary of Health, Education, and Welfare shall publish within six months of enactment of this Act and thereafter as needed but at least annually a list of all known toxic substances by generic family or other useful grouping, and the concentrations at which such toxicity is known to occur. He shall determine following a written request by any employer or authorized representative of employees, specifying with reasonable particularity the grounds on which the request is made, whether any substance normally found in the place of employment has potentially toxic effects in such concentrations as used or found; and shall submit such determination both to employers and affected employees as soon as possible. If the Secretary of Health, Education, and Welfare determines that any substance is potentially toxic at the concentrations in which it is used or found in a place of employment, and such substance is not covered by an occupational safety or health standard promulgated under section 6, the Secretary of Health, Education, and Welfare shall immediately submit such determination to the Secretary, together with all pertinent criteria.

Annual studies.

(7) Within two years of enactment of this Act, and annually thereafter the Secretary of Health, Education, and Welfare shall conduct and publish industrywide studies of the effect of chronic or low-level exposure to industrial materials, processes, and stresses on the potential for illness, disease, or loss of functional capacity in aging adults.

Inspections.

(b) The Secretary of Health, Education, and Welfare is authorized to make inspections and question employers and employees as provided in section 8 of this Act in order to carry out his functions and responsibilities under this section.

Contract authority.

(c) The Secretary is authorized to enter into contracts, agreements, or other arrangements with appropriate public agencies or private organizations for the purpose of conducting studies relating to his responsibilities under this Act. In carrying out his responsibilities under this subsection, the Secretary shall cooperate with the Secretary of Health, Education, and Welfare in order to avoid any duplication of efforts under this section.

(d) Information obtained by the Secretary and the Secretary of Health, Education, and Welfare under this section shall be disseminated by the Secretary to employers and employees and organizations thereof.

Delegation of functions.

(e) The functions of the Secretary of Health, Education, and Welfare under this Act shall, to the extent feasible, be delegated to the Director of the National Institute for Occupational Safety and Health established by section 22 of this Act.

TRAINING AND EMPLOYEE EDUCATION

SEC. 21. (a) The Secretary of Health, Education, and Welfare, after consultation with the Secretary and with other appropriate Federal departments and agencies, shall conduct, directly or by grants or contracts (1) education programs to provide an adequate supply of qualified personnel to carry out the purposes of this Act, and (2) informational programs on the importance of and proper use of adequate safety and health equipment.

(b) The Secretary is also authorized to conduct, directly or by grants or contracts, short-term training of personnel engaged in work related to his responsibilities under this Act.

(c) The Secretary, in consultation with the Secretary of Health, Education, and Welfare, shall (1) provide for the establishment and supervision of programs for the education and training of employers and employees in the recognition, avoidance, and prevention of unsafe or unhealthful working conditions in employments covered by this Act, and (2) consult with and advise employers and employees, and organizations representing employers and employees as to effective means of preventing occupational injuries and illnesses.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Establishment.

SEC. 22. (a) It is the purpose of this section to establish a National Institute for Occupational Safety and Health in the Department of Health, Education, and Welfare in order to carry out the policy set forth in section 2 of this Act and to perform the functions of the Secretary of Health, Education, and Welfare under sections 20 and 21 of this Act.

Director, appointment, term.

(b) There is hereby established in the Department of Health, Education, and Welfare a National Institute for Occupational Safety and Health. The Institute shall be headed by a Director who shall be appointed by the Secretary of Health, Education, and Welfare, and who shall serve for a term of six years unless previously removed by the Secretary of Health, Education, and Welfare.

(c) The Institute is authorized to—

(1) develop and establish recommended occupational safety and health standards; and

(2) perform all functions of the Secretary of Health, Education, and Welfare under sections 20 and 21 of this Act.

(d) Upon his own initiative, or upon the request of the Secretary or the Secretary of Health, Education, and Welfare, the Director is authorized (1) to conduct such research and experimental programs as he determines are necessary for the development of criteria for new and improved occupational safety and health standards, and (2) after consideration of the results of such research and experimental programs make recommendations concerning new or improved occupational safety and health standards. Any occupational safety and health standard recommended pursuant to this section shall immediately be forwarded to the Secretary of Labor, and to the Secretary of Health, Education, and Welfare.

(e) In addition to any authority vested in the Institute by other provisions of this section, the Director, in carrying out the functions of the Institute, is authorized to—

(1) prescribe such regulations as he deems necessary governing the manner in which its functions shall be carried out;

(2) receive money and other property donated, bequeathed, or devised, without condition or restriction other than that it be used for the purposes of the Institute and to use, sell, or otherwise dispose of such property for the purpose of carrying out its functions;

(3) receive (and use, sell, or otherwise dispose of, in accordance with paragraph (2)), money and other property donated, bequeathed, or devised to the Institute with a condition or restriction, including a condition that the Institute use other funds of the Institute for the purposes of the gift;

(4) in accordance with the civil service laws, appoint and fix the compensation of such personnel as may be necessary to carry out the provisions of this section;

80 Stat. 416.

(5) obtain the services of experts and consultants in accordance with the provisions of section 3109 of title 5, United States Code;

83 Stat. 190.

(6) accept and utilize the services of voluntary and noncompensated personnel and reimburse them for travel expenses, including per diem, as authorized by section 5703 of title 5, United States Code;

(7) enter into contracts, grants or other arrangements, or modifications thereof to carry out the provisions of this section, and such contracts or modifications thereof may be entered into without performance or other bonds, and without regard to section 3709 of the Revised Statutes, as amended (41 U.S.C. 5), or any other provision of law relating to competitive bidding;

(8) make advance, progress, and other payments which the Director deems necessary under this title without regard to the provisions of section 3648 of the Revised Statutes, as amended (31 U.S.C. 529); and

(9) make other necessary expenditures.

Annual report to HEW, President, and Congress.

(f) The Director shall submit to the Secretary of Health, Education, and Welfare, to the President, and to the Congress an annual report of the operations of the Institute under this Act, which shall include a detailed statement of all private and public funds received and expended by it, and such recommendations as he deems appropriate.

Mr. SHEEHAN. Another item to which I should like to make reference: As you know, both myself and Mr. George Taylor serve on the National Advisory Committee for Occupational Safety and Health and in 1976 and 1977, this issue of the status of NIOSH was before that committee.

There was extended deliberations. I think the committee might well want to review the record of those proceedings. But at this point to summarize it for you this morning, the issue at that time was never just where should be the geographical location of this agency, but what should be the status and prestige of the agency.

Concerning the discussions about the geographical location of the agency which the committee was hearing today we certainly feel are signals, political signals, from the administration about a downgrading of the agency. In 1976, it is very interesting, we went through a series of options, much more than you have here today, about where NIOSH probably fits within the Federal and HEW bureaucracy.

I think perhaps the committee proceedings incorporate a copy of this 1976 paper on options. I could just mention a few of the options just to give a flavor of what was in the paper.

Option one: Maintain the organizational status of NIOSH within CDC. Now, mind you, this is in 1977 when this paper is prepared. Four years after NIOSH has been transferred under CDC. Four years under its aegis we were experiencing at that time difficulties about it fully functioning and exercising its responsibiity to OSHA.

That is why this controversy arose. Incidentally, the arguments against keeping it under CDC, as was elicited at that time, indicated that under CDC it would perpetuate the perception of the relative insignificance of the NIOSH program in HEW. The CDC option contributes to difficulties in dealing with other agencies of the Federal Government and further downgrades NIOSH. That was option No. 1.

Option two: Maintain an organizational status within CDC and establish a staff office headed by a Deputy Assistant Secretary for Occupational and Environmental Health.

Here we have the idea of upgrading the head of NIOSH to somebody that could speak with some authority.

Other optional papers, Mr. Chairman, deal with setting it up as a separate institute and as George Taylor made reference to in the beginning we thought this was going to happen.

There are other option positions in this paper including the one mentioned by Congressman Kramer namely that it ought to be merged and put under the Department of Labor.

I would like to submit this paper for the committee's record, if I might.

Mr. GAYDOS. Without objection, the item as described will also be included in the proceedings.

[The information follows:]

Options for Location of NIOSH in the Federal Government

1·**Option**

Maintain organizational status of NIOSH within CDC

Pros

- Disruption of ongoing activities in NIOSH would be minimized. Programs and their national acceptance
- Technical support capabilities now available from CDC, eg. the Epidemic Intelligence Service, would be retained. doctors assigned on (EIS) (3) [illegible] programs
- A single preventive health agency, CDC, within DHEW would be maintained. This structure relates well to established community preventive health programs.
- Helps avoid the proliferation of health agencies within HEW and PHS.
- Insulates and protects NIOSH research and recommendations from disruptive and inappropriate pressures that have no health basis. political pressure

Cons

- Perpetuates perception of relative insignificance of OSH programs in DHEW.
- Contributes to difficulties in dealing with sister agencies (OEM) OSHA, which is at the Assistant Secretary level in DOL and MESA which is at the agency level in DOI.
- Location at the bureau level contributes to difficulties of establishing and maintaining relationships with other agencies and departments having an impact on occupational safety and health programs, such as EPA, ERDA, Defense, Agriculture, Transportation, Commerce, and the Consumer Product Safety Commission.
- The relatively low grade structure in NIOSH makes it difficult to compete with NIH, OSHA and the private sector in attracting qualified safety and health professionals.
- Each organizational level contributes to delays in promulgating regulations and in certain other administrative matters.
- Obtaining resources needed for OSH could have a competitive, even adverse effect on the level resources allocated to other preventive health programs.

Option

2 Maintain organizational status within CDC and establish a staff office headed by a Deputy Assistant Secretary for occupational and environmental health within the Office of the Assistant Secretary for Health to coordinate the ~~[illegible]~~ [illegible] research and technical assistance efforts within existing health agencies.

Pros

- Should improve coordination of occupational and environmental health efforts.
- Disruption of ongoing activities in NIOSH would be minimized.
- Has worked successfully for Population Affairs.
- Would not require major legislative changes or foreclose options of the new Administration.
- Technical support capabilities now available from CDC, e.g., the Epidemic Intelligence Service, would be retained.
- A single preventive health agency, CDC, within DHEW would be maintained. This structure relates well to established community preventive health programs.
- Helps avoid the proliferation of health agencies within HEW and PHS.
- Insulates and protects NIOSH research and recommendations from disruptive and inappropriate pressures that have no health basis.

Cons

- Relationships among the Deputy Assistant Secretary, the Agency Director, and the NIOSH Director would be difficult to define. 3rd
- Perpetuates perception of relative insignificance of OSH programs in DHEW.
- Contributes to difficulties in dealing with sister agencies, OSHA, which is at the Assistant Secretary level in DOL and MESA which is at the agency level in DOI.
- Location at the bureau level contributes to difficulties of establishing and maintaining relationships with other agencies and departments having an impact on occupational safety and health programs, such as EPA, ERDA, Defense, Agriculture, Transportation, Commerce, and the Consumer Product Safety Commission.
- The relatively low grade structure in NIOSH makes it difficult to compete with NIH, OSHA and the private sector in attracting qualified safety and health professionals.
- Each ~~bureaucratic~~ organizational level contributes to delays in promulgating regulations and in certain other administrative matters.
- Obtaining resources needed for OSH could have a competitive, even adverse effect on the level resources allocated to other preventive health programs.

4

Option

3. Relocate NIOSH as an Institute within the National Institutes of Health.

Pros

- Increases stature of NIOSH within the university research community and perhaps certain segments of Congress.

- ✓ Allows better interaction with other research groups within the National Institutes of Health, eg. NCI, NIEHS, NHLBI, NLM.

- NIH has less difficulty obtaining resources than other parts of PHS.

- The comparatively higher ~~overall~~ grade structure in NIH would make it less difficult to attract qualified occupational health professionals.

- Maintains protection of NIOSH research and recommendations from disruptive and inappropriate pressures that have no health basis.

- Would not contribute to proliferation of health agencies within PHS.

- Reduces ~~[illegible]~~ potential for adverse effect on the level of resources allocated to other preventive health programs.

Cons

- ✓ Would be viewed as removing NIOSH from preventive health community.

- Reluctance of NIH to become involved with regulatory activities. (like research)

- Limited NIH experience in administering and supporting applied research and technical assistance activities.

- Contributes to difficulties in dealing with sister agencies, OSHA, which is at the Assistant Secretary level in DOL and MESA which is at the agency level in DOI. Somewhat

- Location at the bureau level contributes to difficulties of establishing and maintaining relationships with other agencies and departments having an impact on occupational safety and health programs, such as EPA, ERDA, Defense, Agriculture, Transportation, Commerce, and the Consumer Product Safety Commission.

- Each organizational level contributes to delays in promulgating regulations and in certain other administrative matters.

- Technical [illegible] support capabilities now available from CDC, e.g., the Epidemic Intelligence Service, would be lost.

- Would require reorganization of CDC and NIH.

- Has potential for disrupting Regional Office structure and operations.

- May not be consistent with reorganization plans of the new Administration.

Option

4 Elevate NIOSH to an agency level reporting to the Office of Assistant Secretary for Health.

Pros

- o Disruption of ongoing activities in NIOSH would be minimized.
- o Demonstrates DHEW's increasing awareness of the significance of occupational safety and health problems.
- o Would put NIOSH on an equal basis with its sister agency, MESA which is at the agency level in DOI. [illegible]
- o Reduces difficulties of establishing and maintaining relationships with other agencies and departments having an impact on occupational safety and health programs, such as EPA, ERDA, Defense, Agriculture, Transportation, Commerce, and the Consumer Product Safety Commission.
- o The overall higher grade structure of an agency would make it less difficult to attract qualified occupational health professionals. [illegible]
- o Elimination of one organizational level would reduce delay in promulgating regulations and performing other administrative tasks.
- o Allows full support from research groups within the National Institutes of Health, e.g., NCI, NIEHS, NHLBI, NLM.
- o Insulates and protects NIOSH research and recommendations from disruptive and inappropriate pressures that have no health basis.

Cons

- o Would not eliminate difficulties in dealing with sister agency, OSHA, which is at the Assistant Secretary level in DOL.
- o Would increase the necessary span of control in the Office of the Assistant Secretary for Health (OASH).
- o Would additionally fragment preventive health program effort within DHEW.
- o Would require use of resources for services heretofore provided by a parent agency.
- o Would require reorganization of CDC and OASH.
- o Technical support capabilities now available from CDC, eg. the Epidemic Intelligence Service, would be lost.
- o May not be consistent with reorganization plans of the new Administration.

Option

5. Establish an Assistant Secretary for Occupational Safety and Health within DHEW and elevate NIOSH Director to this position.

Pros

- o Disruption of ongoing activities in NIOSH operating programs would be minimized.
- o Would establish NIOSH as an organizational entity of equal stature with its sister agency, OSHA.
- o Would make it possible to compete with NIH, OSHA and the private sector in attracting qualified safety and health professionals.
- o Demonstrates DHEW's awareness of the significance of occupational safety and health problems.
- o Elimination of two organizational layers would further reduce delay in promulgating regulations and performing other administrative tasks.
- o Would facilitate process for obtaining resources for occupational safety and health programs.

Cons

- o Might remove NIOSH Director from stability of six year term — political appointee
- o Would require significant increase in resources to fulfill responsibilities of a new Assistant Secretary.
- o Would fragment health programs within DHEW and would make cooperation with other PHS agencies more difficult.
- o Would require major reorganization involving CDC and DHEW.
- o Protection from inappropriate pressures that have no health basis would be lost.
- o May not be consistent with the reorganization plans of the new Administration.

Option

6 Establish an Assistant Secretary for Preventive Medicine and Environmental Health ~~Medicine~~ within DHEW. NIOSH Director would report to that Assistant Secretary.

Pros

- Would retain and further highlight preventive health programming within DHEW.
- Demonstrates DHEW's increasing awareness of the significance of occupational safety and health problems.
- Would put NIOSH on an equal basis with its sister agency, MESA which is at the agency level in DOI.
- Reduces difficulties of establishing and maintaining relationships with other agencies and departments having an impact on occupational safety and health programs, such as EPA, ERDA, Defense, Agriculture, Transportation, Commerce, and the Consumer Product Safety Commission.
- The overall higher grade structure of an agency would make it less difficult to attract qualified occupational health professionals.
- Elimination of one organizational level would reduce delay in promulgating regulations and performing other administrative tasks.
- Allows for the coordination of environmental safety and health research activities now fragmented throughtout the Federal Government.

Cons

- Would not eliminate difficulties in dealing with sister agency, OSHA, which is at the Assistant Secretary level in DOL.
- Would require a major reorganization of DHEW and involve a number of Congressional committees.
- Would require significant resources to fulfill the responsibility of a new Assistant Secretary
- Protection from inappropriate pressures that have no health basis would be deminished.
- May not be consistent with the reorganization plans of the new Administration.

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Option

7. Transfer NIOSH to DOL and elevate NIOSH Director to Assistant Secretary level for Occupational Safety and Health Research.

Pros

- Would provide better coordination for jointly held occupational health responsibilities such as manpower and standard setting.
- Would facilitate dealing with sister agencies, OSHA, which is at the Assistant Secretary level in DOL and, MESA, which is at the agency level in DOI.
- Elimination of two organizational layers would improve relationships with other agencies and departments having an impact on occupational safety and health programs, such as EPA, ERDA, Defense, Agriculture, Transportation, Commerce, and the Consumer Product Safety Commission.
- Elimination of two organizational levels would reduce delay in promulgating regulations and performing other administrative tasks.

Cons

- Could result in a loss of independence, stability and integrity of the research program.
- Would cause additional recruitment and retention problems for NIOSH. Career development potential for health scientists would be limited in the DOL. Furthermore, no provision exists for the use of approximately 190 career Commissioned Corps Officers of the Public Health Service in DOL.
- Could deter, perhaps even stop, the development of and transmittal of recommendations for health and safety standards. It is easier and less embarassing to prevent regulatory action by slowing the development of criteria than to explain why one has not acted on there recommendations.
- Would increase difficulty in communication with other health research agencies because NIOSH would be separated from the center of health competence in the Federal Government.
- Would place research component, NIOSH, in direct competition for resources with enforcement conponent, OSHA.
- Key research scientists would be continually harassed by regulatory proceedings, and could become discouraged and leave.
- Research scientists would be more open to attack by vested interests outside government.
- Would require ammendment of Occupational Safety and Health Act.

Mr. SHEEHAN. I would like to close with this comment, if I might, that the problems that we have over the years been experiencing with regard to NIOSH has not been one that we had to centralize its function in some faraway location. But actually how close can it be, should it be, to the OSHA operation? While on balance we came out and did suggest that OSHA and NIOSH ought to be separate, we never anticipated that it ought to be insulated and removed from the connection with OSHA and MSHA.

Certainly I think you are witnessing today an effort to insulate this agency, not only geographically but from its mission.

I was amazed to hear the statement by Dr. Foege this morning—I don't know whether I can quote it exactly—George Taylor made reference to it when he talked about the mainstream. The Doctor said that he thought that the "mainstream" mission of CDC meant public health which was the agency's big issue, and that occupational health was not part of that mission. To some degree they were going to merge NIOSH and occupational health together in some kind of a public health concern of the agency. It is a philosophical position, Mr. Chairman.

I think that position is a statutory challenge to the intent of the 1970 act where the Congress said the country must now single out occupational health as a specific requirement of the Federal Government. And "mainstreaming," it seems to me just denigrates the concern over occupational disease in this country.

In our hearings during the year that NACOSH debated the relationship issue—I am going to close with this comment—one of the persons testifying before us was Dr. Nicholas Ashford. He indicated straightaway—1977, this is—CDC's function compromises the issue between occupational and environmental health in the traditional health concerns.

He said people have argued about the fact that our health dollars should go to the most efficient use. Perhaps the most efficient use of the health dollars is to improve the health of schoolchildren. Some say it is to stop smoking in this country.

While I am for improving the health of schoolchildren, I think that is a great program, but I am not anxious to compromise occupational health to do it. I want to improve the health of schoolchildren but I want to improve the health of workers and I think there is an administrative trick that is constantly being played when you place functions that are similar under the same jurisdiction, you force a tradeoff and that tradeoff is effected through the appropriations system.

I think this morning we heard that the tradeoff is going to take place. Tradeoff for instance to the extent CDC is only going to have investigators employed on an ad hoc basis for the purpose of going into our workplaces in order to do health evaluations. These investigators would come from the schools of public health. After all these years during which we were trying to build up credibility and dependency upon a Government agency, we are going to have that credibility shot down by people "ad hocing" their way through the workplaces of America.

Thank you, Mr. Chairman.

[The prepared statement of John Sheehan follows:]

Prepared Statement of John J. Sheehan, Legislative Director, United Steelworkers of America

Mr. Chairman, members of the House Subcommittee on Safety and Health, my name is John J. Sheehan and I am the Legislative Director of the United Steelworkers of America.

At the outset, let me state that our union is opposed to the proposed transfer of NIOSH from Rockville, Maryland to Atlanta, Georgia, because we believe that it would seriously diminish the Institute's role and identity as the primary federal research agency for worker safety and health.

Coupled with the drastic 29 percent reduction of the NIOSH budget for fiscal 1982, the transfer will disrupt the proper functioning of the Institute for years to come. In addition to the loss of highly trained and experienced personnel and the inevitable confusion resulting from the move itself, the transfer will tend to further submerge NIOSH's identity within HHS and further remove it from the regulatory process to which it is a critical component. The end result, we fear, will be a much weakened NIOSH and less safety and health protection for workers.

As you well know, Mr. Chairman, there has been an ongoing debate over NIOSH's proper status within the federal bureaucracy. During consideration of the Occupational Safety and Health Act, there were those who advocated an independent status for the Institute. While the labor movement opposed this idea, we felt that NIOSH should have the same status within HEW (HHS) as the other National Institutes of Health. Indeed, as the legislative history of the Act makes clear, Senator Jacob Javits -- the sponsor of the amendment creating NIOSH -- felt the same way and fully expected the Institute to enjoy the same status as the other health institutes.

Even after its creation, there was considerable debate over NIOSH's organizational home within the HEW (HHS) bureaucracy. At first the Institute was housed in what was then the Health Services and Mental Health Administration and later moved to the Center for Disease Control (CDC) where it encountered organizational difficulties and controversy. Indeed, at one point it was proposed that due to its status as a "poor cousin" within HEW (HHS), NIOSH be moved to the Department of Labor under OSHA.

Although we continue to support the notion that NIOSH properly belongs in HHS, we also maintain that it has a specific and unique mission which distinguishes it from the broader mandate of CDC. While CDC is responsible for public health problems associated with community disease of a general ambient nature, NIOSH, on the other hand, is concerned with occupational disease which is both site specific (the workplace) and agent-specific (industrial toxic substances).

In addition to providing critical inputs into the OSHA standard setting and regulatory process, NIOSH has an investigatory function of its own which permits it to undertake "Health Hazard Evaluations" of specific worksites which can lead to further enforcement and regulatory actions. Moreover, the Institute engages in industry-wide studies to determine the extent and nature of specific occupational diseases in specific industries. In addition, the Institute, through its "Educational Resource Center" program, has undertaken to promote and advance education and training in order to increase the number of occupational health professionals which are in short supply.

Mr. Chairman, while all of these activities are critically important to the day-to-day safety and health of workers, taken together they constitute a major contribution to expanding the awareness and knowledge of the special occupational disease problems confronting workers. It is the specific and unique nature of occupational diseases which the Congress recognized when it created NIOSH. Unlike the more general and ambient characteristics of community disease problems, which are the primary focus of CDC, the Congress correctly recognized occupational disease to be of such a magnitude, complexity and seriousness that it established a separate Institute to deal with the detection and prevention of occupational illness.

Ever since its placement within CDC, we have feared that NIOSH would lose its special identity and relationship to workers and the workplace. These fears have now been further compounded by the proposal to physically remove NIOSH from its connection with the regulatory process in Washington and to further submerge its specific mandate to the broader mission of CDC. We fear that if permitted, the physical transfer to CDC will bring NIOSH one step closer to losing its unique identity altogether.

It should not be surprising, therefore, that the proposed transfer has left us with a great deal of skepticism as to this

Administration's commitment to safety and health in general, and occupational health in particular. Indeed, there are enough political signals coming from the Administration concerning "OSHA deregulation" and a de-emphasis on occupational disease that we are forced to view the NIOSH transfer as yet another symbolic -- if not substantive -- action to subvert the entire occupational safety and health program.

One need only look at the substantial cut in NIOSH's fiscal 1982 budget (from $81 million to $59 million) to gain a healthy suspicion of the Administration's intent, particularly when the transfer alone is expected to cost some $16 million. Nearly all of the NIOSH budget cuts are targeted in the area of education and training funds, and include the termination of 30 training project grants and 12 Educational Resource Centers. The adverse impact on the development of highly trained occupational health professionals, which are already in critical short supply, will be devastating. It should be noted that CDC has traditionally either opposed increased NIOSH funding for education and training, or remained silent when proposals to slash such funding have been advanced. It was only because of the vigorous support from organized labor and certain members of Congress that NIOSH was able to gain education and training funds. Now they have been eliminated with not so much as a minor protest from CDC.

Under these circumstances -- along with the other anti-OSHA actions taken by this Administration, including the retrenchment and reversal of standards setting and enforcement activities -- it is indeed difficult for us to accept the "official" explanation that the transfer is solely intended "to improve administrative efficiency." On the contrary, combined with the other deregulatory actions taken by this Administration, the NIOSH transfer appears to be but another step towards dismantling the federal occupational safety and health program.

We would hope that this Committee would express its strong opposition to the transfer and lead the effort to take appropriate legislative action to prohibit the move. Moreover, it seems appropriate for the Committee to consider legislation to once and for all preserve and protect the organizational status and integrity of NIOSH by statutorily mandating its proper place in the federal bureaucracy.

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OSHA PRESENTATION TO NACOSH SUBGROUP ON POLICY/BUDGET

I. PURPOSE

The purpose of this paper is to serve as a basis for discussion of the interface relationships between OSHA and NIOSH.

II. MAJOR AREAS OF INTERFACE ESTABLISHED IN THE ACT

- RESEARCH AND RELATED ACTIVITIES, SECTION 20.[1] S&H priorities but also other priorities
- EDUCATION PROGRAMS TO PROVIDE AN ADEQUATE SUPPLY OF QUALIFIED PERSONNEL TO CARRY OUT THE PURPOSES OF THIS ACT, SECTION 21(a)(1).[2] education program
- INFORMATIONAL PROGRAMS ON THE IMPORTANCE OF AND PROPER USE OF ADEQUATE SAFETY AND HEALTH EQUIPMENT, SECTION 21(a)(2).[3] information
- Education of employee/employers, Section 21(c)
- EMPLOYER RECORDKEEPING FOR
    - INFORMATION REGARDING THE CAUSES AND PREVENTION OF OCCUPATIONAL ACCIDENTS AND ILLNESSES, SECTION 8(c)(1).[4] causal data
    - RECORDS OF WORK-RELATED DEATHS, INJURIES AND ILLNESSES OTHER THAN MINOR INJURIES REQUIRING ONLY FIRST AID TREATMENT AND WHICH DO NOT INVOLVE MEDICAL TREATMENT, LOSS OF CONSCIOUSNESS, RESTRICTION OF WORK OR MOTION, OR TRANSFER TO ANOTHER JOB, SECTION 8(c)(2). THIS SECTION ALSO REQUIRES PERIODIC EMPLOYER REPORTING.[5] record of injury/killed
    - RECORDS OF EMPLOYEE EXPOSURES TO POTENTIALLY TOXIC MATERIALS OR HARMFUL PHYSICAL AGENTS WHICH ARE REQUIRED TO BE MONITORED OR MEASURED UNDER SECTION 6, SECTION 8(c)(3).[6] exposure data
- AN EFFECTIVE PROGRAM OF COLLECTION, COMPILATION, AND ANALYSIS OF OCCUPATIONAL SAFETY AND HEALTH STATISTICS, SECTION 24(a).[7]
- investigation role with OSHA 20(b) industry-wide studies

III. CURRENT AREAS OF INTERFACE

MEETINGS: Activity between the two agencies currently is taking place in several areas. Probably the most important interfaces now occur at the regular monthly policy meetings conducted between Dr. Corn and Dr. Finklea, and the more technical monthly senior staff meetings jointly chaired by Mr. Armand Thomas of OSHA and Mr. Edward Baier of NIOSH. Appropriate members of the respective staffs attend each of the meetings.

Typically, before the policy meetings, an agenda of up to five key items is accumulated and circulated to the participants. Examples of the agenda items are listed in the references.[8] Also, examples of some subjects discussed at recent senior staff meetings are included in the references.[9] Senior staff meetings can and have taken place in the field, depending upon the agenda for a particular meeting.

In addition to the regular formal meetings, it is important to recognize the many informal day-to-day contacts which take place between the members of the respective technical staffs.

STANDARDS: In the area of standards, a subject of ongoing discussion between the two standards development staffs is the content and documentation of criteria documents.

Recent discussions between the staffs resulted in OSHA receiving more of the supporting documentation developed with each criteria document. Specifically, OSHA is now receiving hard copies of all of the references used in a criteria document and a list of the universe of references from which NIOSH selected the criteria document references.

Another area of interface is the health standards completion project. The work on this project however, is progressing to the point where the interface effort is beginning to taper.

Also, OSHA in the course of developing standards occasionally has need for additional research and submits special requests for this work to NIOSH. Some examples of the subjects for special research requests are arsenic, cotton dust, asphalt emissions and silica.

The subject of priorities for standards development is taken up in Section IV.

TRAINING: In the area of training, OSHA consults, as the need arises, with NIOSH experts in developing course materials for the training programs developed for the OSHA Training Institute. One example of such an interface was the use of NIOSH experts in the development of the course materials on radiation.

Also, in one case OSHA and NIOSH have jointly managed an OSHA training contract, and in at least two cases NIOSH has been actively involved in the management of OSHA training contracts. Descriptions of these contracts are given in the references.[10]

In the area of grants to colleges for occupational safety and health programs, OSHA is an officially designated member of the NIOSH Safety and Occupational Health Studies Section. This advisory committee makes recommendations on the allocation of all NIOSH grant funds for research and training.

Another area in which OSHA and NIOSH interact is field training. OSHA makes extensive use of the training courses offered by NIOSH by sending many of its compliance staff to attend NIOSH courses each year. One difficulty with this arrangement is that NIOSH charges fees for each student attending a NIOSH course.

DATA: In the area of data, NIOSH is making the data from its National Occupational Hazard Survey available to OSHA. These data, although they resulted from a single survey and are thus dated, will be helpful to OSHA in both estimating the need for health compliance personnel and in allocating its compliance efforts.

Also, members of the NIOSH technical staff have expressed an interest in the OSHA workers' compensation data files. OSHA has data tapes containing information from workers' compensation reports from 15 states.

FIELD WORK: The NIOSH field staff and the OSHA compliance staff share information and cooperate with each other on a regular basis. In particular, NIOSH staff, depending upon their expertise, can assist OSHA compliance officers in accident investigations, and the evaluation of health hazards. In some cases, a NIOSH staff member will accompany an OSHA staff member to the work place. Also, in some cases NIOSH staff members serve as consultants for OSHA and as witnesses in contested cases. Ordinarily, OSHA enforcement staff do not become involved in NIOSH health hazard evaluations because of the responsibility to cite violations of OSHA standards.

In some cases the two staffs are housed in the same or close by offices and are thus able to share technical and professional information on a regular basis. The two staffs also share ideas on the abatement of health hazards.

LABORATORIES: OSHA and NIOSH share calibration facilities in Cincinnati, Ohio and analysis laboratories in Salt Lake City, Utah. The arrangements in both cases however, are in principal limited to the sharing of equipment and space.

RESEARCH: OSHA and NIOSH are coordinating their research efforts dealing with women in the workplace. Each agency is drafting a paper relating to the topic and liason staff members have been designated to coordinate the efforts.

VOLUNTARY PROGRAMS: OSHA has maintained informal contact with NIOSH during the course of a recent contract effort to develop a proposed employer self-accreditation program. OSHA is currently considering using some of the materials from this effort in its consultation, education and voluntary programs areas under a concept of promoting self appraisal by employers and employees.

NIOSH has assigned activity on this concept to its Division of Technical Services in Cincinnati, Ohio. This division has submitted a proposal to OSHA for a joint demonstration project entitled "Voluntary Self-evaluation Program for the Electric Utility Industry." The NIOSH draft proposal is under review by OSHA.

Make under investigations

IV. CURRENT AREAS OF POTENTIAL INTERFACE

not just for std. development

There are obviously several areas of interface between OSHA and NIOSH which can be strengthened. One of the most important areas in this category is the system for establishing priorities for research, criteria documents and standards. Presently, the OSHA system of priorities for standards development is basicly driven by the influx of criteria documents combined with emergency actions, such as vinyl chloride.

As of September 30, 1976, OSHA has received 51 criteria documents from NIOSH and can reasonably expect to receive 20 to 30 additional documents each year. As of the same date, OSHA has promulgated one standard based upon the submitted documents. A tentative schedule of impending OSHA standards development actions is supplied in the references.[11]

asbestos

Part of the explanation for the large backlog of criteria documents is the fact that the process for proposing and promulgating a standard has become increasingly more demanding and complex over the past five years. Today the promulgation of a standard not only requires that the Secretary establish a safe level of control, but also the expected feasibility, benefits and economic, inflationary, and environmental impacts must be estimated, weighed and then

Complex process

compared with those same characteristics for other less protective levels of control. All of this means that the criteria documents are providing a steadily diminishing part of the basis which is essential to proposing and promulgating a standard. A list of the typical steps involved in promulgating a standard is supplied in the references.[12]

(2) Another important area which has the potential for stronger coordination between the two agencies is data. Both agencies have a requirement for current and accurate data describing health and safety hazards, the locations of these hazards and the industrial processes and equipment involved, the levels of exposure to the hazards, the number of employees exposed and their occupations, and the number of cases of disease, injury and fatality occurring from these exposures. Both agencies can use these data in their standards development efforts.

In addition, OSHA can put these same data to several other productive uses. These same data can be useful in estimating the optimum level of OSHA's compliance effort. The data are also of value in driving the system which allocates enforcement actions. And finally, the data can be helpful in the development of training materials for employers, employees and OSHA compliance officers, and in the development of materials for the OSHA consultation program.

Two other areas in which the two agencies might strengthen the interface relationships are the (a) allocation of contract and grant funds, and the (b) evaluation and certification of measurement equipment which can be used by OSHA compliance officers.

In the (a) first case, there is little question of the shortage of trained industrial hygienists in the country today. To help offset this shortage and thus fulfill its own requirements, OSHA is developing a three year training program to produce the hygienists required to staff its enforcement effort.[13] However, one can reasonably expect that many of these hygienists, as they become trained, will be lured to higher paying jobs in the private sector. The NIOSH responsibility under Section 21(a)(1), "to provide an adequate supply of qualified personnel to carry out the purposes of this Act" and OSHA's requirements for qualified hygienists could combine to forge a stronger joint effort through the contract and grants programs to the colleges and universities to develop the needed personnel.

In the (b) case of measurement equipment, there is an ever growing number of types and makes of sophisticated measurement equipment available for use by compliance officers. OSHA has a strong need to continually evaluate the equipment as it appears on the market and to certify acceptable equipment for possible use in its enforcement program. This is a valuable function which could conceivably be performed by NIOSH.

V. REFERENCES

References 1 thru 7 are found on pages 21-23, 23, 23, 10, 10, 10, and 25 of the Act, respectively.

Mr. GAYDOS. Dr. Kerr.

Dr. KERR. I would like to have you accord my statement the same kind, gentle care you have accorded the other two gentlemen because I am more concerned with rebutting some of the remarks that have been made.

Mr. GAYDOS. Without objection, at this time the statement will become a formal part of these proceedings.

[The prepared statement of Lorin Kerr follows:]

PREPARED STATEMENT OF LORIN E. KERR, M.D., M.S.P.H., DIRECTOR OF OCCUPATIONAL HEALTH, UNITED MINE WORKERS OF AMERICA

I am Lorin E. Kerr, M.D., Director of Occupational Health at the United Mine Workers of America. The Union welcomes this opportunity to share our concern about the proposed transfer of the National Institute for Occupational Safety and Health (NIOSH) from Rockville to the Centers for Disease Control (CDC) in Atlanta. We have already expressed our strong opposition to this transfer in a July 9, 1981 letter to Secretary Richard G. Schweiker. A copy of that letter is attached and I request that it and the other attachment be made a part of the record.

The UMWA fully supports the appointment of J. Donald Millar, M.D. as Director of NIOSH. Professionally and personally Dr. Millar is an outstanding individual. Likewise, we commend CDC and its current Director, William H. Foege, M.D., who has so ably continued the excellent reputation achieved by CDC since its inception in 1947 by Joseph Mountin, M.D. Despite this sincere esteem of Millar, Foege and CDC we oppose the NIOSH transfer for a number of reasons.

First and foremost the Union contends, after many years of hard working experience first with the Division of Industrial Hygiene, later a variety of Bureaus and more recently NIOSH, that Washington, D.C. is the seat of the action of occupational health. In the past, every time the USPHS occupational health program was moved, it fell into a bit of disarray. As the attached history of administrative changes in the occupational health program shows, even a move to the NIH campus eventually had to be rescinded. Three years ago Dr. Millar stated that the natural spot for occupational health was Washington.

We are also convinced that those who maintain that the NIOSH mission is prevention, research and service — and in that order — are mistaken. I agree that is the order at CDC, but NIOSH is primarily a service agency. NIOSH must indubitably provide service to labor, management and other government agencies, none of which are headquartered in Atlanta. To change the location of NIOSH just to save the agency will defeat the purpose of the move — CDC will be hoisted on its own petard. It is an excellent rationale for the erosion of any semblance of an occupational health program. Regardless of Dr. Foege's best intentions to have complete CDC support for occupational health, it cannot happen. Should it succeed CDC will cease to be the recognized international center for disease control.

Occupational health and safety cannot be programmed or provided in a vacuum. Resolution of occupational health and and safety demands the daily interaction of all the forces involved. A CDC or NIOSH liaison office located in Washington would be inappropriate. Contacts with NIOSH must be on a face-to-face basis with those doing the work. The problems do not succumb to any public relation blandishment. Such treatment will only exacerbate the situation. The Director and his staff must be here, readily available and accessible. The formulation of occupational health regulations demands the same kind of understanding care one receives from the family physician. There is a crying need for the development of a national program to halt the monstrous toll of job-related death and disability. It is ridiculous to think the workers' interests will be served by isolating NIOSH. Structurally, CDC is bursting at the seams now.

A second reason for opposing the transfer of NIOSH is the experience gleaned from the black lung program. Evidence indicates that the death of at least 4,000 miners per year can be attributed to black lung. Moreover, about 15 percent of working miners show x-ray evidence of coal workers' pneumoconiosis.

Alarming as all the black lung statistics are, it is important to realize that every one of the thousands listed in some report is a human being whose lungs have been diseased and disabled as the penalty for mining the nation's vitally needed coal. It is small consolation for a miner with black lung to know that he is "only" one out of a group of five or ten who is so afflicted. Every figure represents a coal miner and his family who are paying a dreadful price for long years of service in the mines. It is this experience that leads us to believe that when the facts are known about specific exposures in other industries, the results will be essentially the same.

The facts concerning asbestos show an awesome problem because an industry fought publicity concerning known or surmised dangers for over 40 years. By 1932 there already were 476 men buried in unmarked graves at Gauley Bridge due to an unconscionable exposure to silica while digging a tunnel to reroute the New River in West Virginia. The Gauley Bridge Disaster, recently dubbed the Silicosis Tragedy, never would have been investigated by Congress absent the three years of fearful questioning by the families of the mostly black victims. Today, chemical industry wastes threaten public health. Some dangers already have been discovered; others seep out of drums hidden in disposal dumps. The July 10, 1981 issue of Science indicates that parental exposure to chemicals on the job may cause brain tumors among children. There also is alarm about the long-term consequences of exposure to ionizing radiation. Drs. Mancuso and Stewart have indicated that a 5 rem per annum exposure may be ten and possibly twenty times too high to prevent leukemia. This subject, like so much we are learning about worksites, needs investigation and research. This applies equally to occupational exposures of army and navy personnel.

There is just now a dawning realization that pollution of the workplace is responsible for the degradation and exploitation of workers. In addition, many of the same pollutants have a deleterious impact on the surrounding community resulting in nonworker death and disability. The ecologists and others slowly are becoming aware of what has long been known to workers — the eight hours on the job can be the most dangerous daily threat to their health.

The enormity of the job confronting NIOSH is constantly expanding. In 1972 the Presidential Report on Occupational Safety and Health stated that each year at least 100,000 unnecessary deaths were caused by work-related diseases and 400,000 new cases of occupational diseases developed. Today, it is thought by some that these deaths more accurately number 300,000. There are even some who think that, when all the facts become available, most cancer deaths will be job-related. In fact, Dr. Wilhelm Hueper, the world-renowned authority on occupational cancer, stated in 1947 that "Environmental carcinogenesis is the newest and... most ominous of the end products of our industrial environment." More recently, a former director of the National Cancer Institute stated on several occasions that at least 90 percent of all cancers originate in the environment.

These figures have been debated, but the truth is that there is no accurate national accounting of occupational diseases except in the coal mining industry, and that is due to the enactment of the Coal Mine Health and Safety Act of 1969 (P.L. 91-173). This was the first time Congress reached into a major industry and mandated the eradication of an occupational disease characteristic of that industry. To accomplish this, Congress specified the dust levels to be attained. Today, it is reported that most mines are operating at the mandated level of 2 mg. of respirable dust per cubic meter of air, and more than half are operating at the

1 mg. level. This has been achieved by improving the ventilation and by the judicious use of water.

Extrapolating from coal to industry as a whole, it is clear that we rapidly are approaching a situation of pandemic proportions. Still there is no coordinated drive to curtail occupational death and disability. These diseases all are man-made and preventable; eradication will have a greater impact on reduction of unnecessary deaths than did the prevention of communicable diseases.

How did this happen — why are we confronted with this callous disregard for human life?

We reap the bitter fruit of the all-pervasive isolation of occupational health from the mainstream of medicine and public health. This isolation began during the Civil War when the managerial class assumed control and operation of the means of production. With this control came the responsibility to assure maximum productivity of labor and machinery. It soon became obvious that efficient continuous production demanded reduction of absenteeism and maintenance of the workers' well-being. Just as management accountants were concerned with depreciation of machinery, so a whole new medical specialty — industrial medicine — came into being. For economic reasons management learned it had to control the health of the worker on the job. In turn, the medical profession learned to accept management's definition of health as the capacity to work. Given that definition, occupational health programs were restricted to those emergency measures necessary for the worker to complete the workday, if possible.

This cessation of interest in workers' health once they walk out of the company gate has led to a serious fragmentation of the programs designed to provide health services!

Management has been largely responsible for this fragmented medical concern for specific external hazards. Workers require an integrated approach to their health needs. Instead, a schism has developed between industrial physicians and other medical practitioners, resulting in an extreme shortage of occupational health professionals.

It currently is estimated that on-the-job medical services are being provided by only about 15,000 physicians, of whom approximately 3,500 are employed full time. Almost without exception these physicians are located in establishments with more than 500 workers. In contrast, approximately 75 million civilian workers never see a physician on the job. Rather than a maldistribution of qualified occupational health physicians, there is in reality no organized preventive health care program for the vast majority of workers.

A recent report from the Association of Teachers of Preventive Medicine indicates most U.S. medical schools teach little or no occupational health. The report states: "there seems to be little recognition that, only a few physicians will become occupational health/medical specialists, while almost all physicians who are responsible for patients with medical problems that are caused or exacerbated by work-related factors must know how to recognize, appropriately treat and help prevent such problems." Only 8 of the 19 schools of public health provide training in occupational health.

Following passage of the Social Security Act in 1935, funds became available for the expansion of public health programs. Occupational health then was identified as "industrial hygiene." Prior to 1935 only five states had organized divisions of industrial hygiene. By 1943, however, federal funds had enabled 38 states, as well as several local authorities, to provide industrial hygiene services designed to protect workers. The work of these units, combined with the U.S. Public Health Service Division of Industrial Hygiene, ushered in the era of "traditional industrial hygiene."

Production demands during World War II gave great impetus to the growth of occupational health. The nation was committed to protecting the health of workers to accelerate and maintain production. The USPHS assigned a physician specializing in occupational health to nearly every state health department and the capabilities of the departments were appropriately expanded. Aside from the costs incurred thereby, the annual USPHS occupational health budget was more than $4.5 million. Between 1947 and 1950 more than $1 million was made available in federal grants to states for occupational health.

By 1955, however, the total annual appropriation for the USPHS occupational health program plummeted to $544,000. It was during this period that a macabre joke circulated in Washington. It was said that one director of the occupational health program had been brought to town to dig the grave for the program and the next director to intone the prayers. Today, due almost entirely to labor support, the budget is beginning to reach realistic levels.

On occasion, management has sought public health budget cuts because studies revealed hazards that posed an economic threat. For example, Hueper related that while he was a commissioned officer in the USPHS his epidemiologic studies on occupational cancer were "forcefully and abruptly brought to a halt in 1952 by an order of the Surgeon General." This followed a protest to the USPHS by the medical advisor to the chromate-producing industry on behalf of his clients. Dr. Hueper's studies revealed an alarming amount of cancer among chromate workers. The order to Hueper was never revoked or rescinded.

This type of government response to management pressures still prevails — witness the June 29, 1981 proposal to discharge Dr. Peter Infante, the Director of OSHA's Office of Carcinogen Identification. The cause was his insistence that the International Agency for Research on Cancer consider published data indicating that formaldehyde is a carcinogen. Impetus for the dismissal obviously emanated from the formaldehyde industry. It is evident that these actions represent subordination of occupational health considerations to political expediency. With the proposed isolation of NIOSH, one fears a deceleration of scientific progress in the occupational health field.

Despite the long-extolled merits of occupational health protection, many workers have no such protection and millions rely on limited or inadequate programs. Many of the existent programs suffer from a lack of authority to set or enforce standards. As a result workers often feel — with considerable justification — that an occupational health program is a management device to forestall payment of workers' compensation benefits. Efforts to prevent occupational diseases become meaningless when the worker senses a reluctance by employers to cooperate because doing so would cost money for workers' compensation and for the installation of preventive measures.

Today, the enormity of work-related death and disability is becoming apparent. It has been maintained far too long that 2 million workers are injured on the job each year and 14,000 are killed immediately or die later. A 1971 Department of Labor report indicated that a more accurate annual accounting will probably reveal 20-25 million job-related injuries and about 25,000 deaths. These are shocking figures! More alarming is the previously noted 1972 estimate that occupational diseases cause 100,000 deaths each year. (This is more than seven times greater than the estimated number of deaths caused by job-related injuries.)

Frequently black workers' jobs are the most dangerous. For example, black coke oven workers have seven times more lung cancer than their white colleagues. The reason is simple — exposure to occupational carcinogens is greater and too often the black worker has the dirtiest job. To make matters even worse, black persons are twice as likely as others to be totally disabled and it is probable that their elevated cancer mortality rates are due to their jobs.

Because of the unconscionable and unnecessary deaths and disabilities, occupational health is a growth industry with unlimited potential. The demand for service is new and gaining a momentum unprecedented since the first identification of occupational health 5,000 years ago by the black philosopher-physician, Imhotep. This demand is largely due to the enactment of the coal mine Act of 1969 as amended and the Occupational Safety and Health Act of 1970.

Labor fought long and hard for the passage of both Acts. Since then each has been under constant attack by management. For example, the coal mining operators twice contested the constitutionality of the coal mine Act in the U.S. Supreme Court. They lost both cases. Their efforts to delay implementation of regulations nearly always are predictable. And then their compliance is questionable.

OSHA has been assaulted with a constant barrage of management efforts to emasculate or repeal the Act. Thus far, organized labor has been successful in its fight to prevent weakening of OSHA.

Unions also are developing their own programs that differ markedly from what previously has been called occupational health. Of particular importance is the recent formation of a Department of Occupational Safety and Health by the AFL-CIO, which conducted its First National Conference on Occupational Safety and Health in September 1978. About 700 delegates represented local unions across the nation. Unions also are employing an increasing number of industrial hygienists and occupational health physicians.

The prevention and control of all job-related illnesses and injuries, including those that are socially related to the worker and his family, can be achieved by expanding existing programs and developing and implementing new ones. Foremost is the need to develop a personal health services delivery system in which the prevention, diagnosis, treatment and rehabilitation of occupational illness and injury will be coordinated with all of the health services provided for the worker and his family. This will require a national commitment to the development of such programs. NIOSH should be capable of bringing together the groups and agencies necessary to formulate and implement them.

Unfortunately, an artificial dichotomy has developed between preventive and curative medicine. Practicing physicians particularly have been sorely affected by the isolation of occupational health. The prevention of disease and disability is even more important in a total health program than diagnosis and therapy. When practicing physicians are armed with a work history of their patients they are better prepared to assist in the prevention of occupational illness.

A good model for this total health care approach is the health maintenance organization (HMO). Although not universally available, HMOs have the capability of supplementing their usually comprehensive program with occupational health services specified in a contract with management. Essential for the success of these arrangements is the active participation of the workers in the development and administration of the program.

As the consumer of all the health services, including those provided at the worksite, their knowledge, capabilities and cooperation must be fully utilized.

Attention must also be devoted to the development of techniques that make readily available the full range of all health services at every worksite. This should include promotion of innovative and experimental programs in the education and use of health personnel. In the past this has been considered an impossible job. Today, however, the workers' intensified concern about health on the job, and a growing interest among newly graduated health professionals, increases the likelihood of early action.

Paramount for the success of any occupational health program is the need to develop, in concert with workers and their representatives, relevant demonstration projects, educational programs and literature pertinent to their occupational health and safety needs. Workers confront the health and safety hazards of their jobs every day. Some they know, others they suspect, and many remain unknown. In the final analysis, they must be sufficiently knowledgeable about the hazards of their jobs so that they can fully protect their lives and limbs. There never will be enough health and safety inspectors to assume this responsibility for all workers.

The success of a program designed to prevent occupational diseases requires adequate monitoring and surveillance of the nation's 5 million worksites. This should be the responsibility of local and state health departments. Every state health department should have the capability of implementing a comprehensive occupational health and safety program fully available to both labor and management. Essential personnel can be provided by those graduating from the twelve new Educational Resource Centers established by NIOSH. The success of the health department program requires strong NIOSH direction and support and good working relationships with OSHA and MSHA.

Currently, less than 5 percent of the working population is served by strong state or local occupational health programs. At this time, state and local health agencies, in general, lack the resources and experience needed to cope with these problems in an effective manner. A major guarantee that this will be overcome would be the formulation of consumer-dominated governing boards of all health departments — federal, state and local — rather than the current provider-oriented arrangement.

The prevention of occupational diseases also requires a revision of workers' compensation legislation. Today, there are fifty different state programs and none provide adequate help. They totally immobilize workers because the benefits cannot be transferred among the states. The laws are a legal jungle defying nearly every attempt to secure benefits. The only solution is enactment of a national workers' compensation law financed by taxes on all employers. Some other essential elements of a comprehensive occupational health program include research, worker training, passage and enforcement of essential legislation, and the wide dissemination of health and safety standards and practices.

Until very recently, inclusion of occupational health and safety in the elementary and secondary school curriculum was unknown. An article advocating this action was published recently in Preventive Medicine. The author, Peter Finn, maintained that the astonishing severity and widespread prevalence of job-related injuries and diseases warrants the addition of this topic to the school syllabus. As he pointed out, high school is a time when health and safety attitudes are formed and the students can be motivated to consider the hazards of various occupations before they pursue a career.

Even with the advances that have been made and the possibilities on the horizon, we face some monumental tasks in the coming decades.

An important step would be the convening of the long overdue White House Conference on Occupational Health and Safety. Such a well-publicized pronouncement would declare to the nation that the Reagan Administration is committed to three major actions — elimination of job-related death and disability, initiation of a major preventive health campaign, and effective containment of medical care costs.

Such a Conference will underscore our need for:

- identification of environmental insults and hazards to workers and citizens alike;
- scientific studies of toxic effects of all chemicals;
- correct, safe disposal of toxic wastes;
- hard statistical data on all job-related morbidity and mortality (this has been available in Britain since 1911);
- stronger federal and state regulatory and non-regulatory measures to safeguard the health and safety of workers;
- incentives in industries to protect the public's and the workers' health and safety, as well as stiffer fines and penalties for those that fail to do so;
- provision of occupational health services in all state and local health departments;
- implementation of Congressionally mandated occupational health provisions in all Health Systems Agencies;
- expansion and improvement of occupational health instruction in schools;
- inclusion of mandatory occupational health instruction in the curriculum of all medical schools; and
- a federal workers' compensation program.

One of the avowed precepts of our government has always been the protection of property. In fact, it has long been recognized as a right to all citizens. This right of the people to have their property protected was essential for protecting the home and the place of business. Of more recent date this protection as a right has been extended to include health. This is necessary because the ability to work is the only property workers have. To assure economic sustenance the worker must maintain good health. Thus, government has the responsibility to take all possible steps to protect the workers' health — this is their property. Loss of this property through illness increases governmental expenditures at some point. Prudence certainly indicates that job-related illness must be avoided if the state is fulfilling its obligation. It is impossible to give occupational health the attention it needs while treating NIOSH as an unwanted stepchild.

Mr. Chairman, I have attempted to lay out in some detail the reasons why NIOSH must be a separate operating unit directly responsible to the Assistant Secretary of Health and Human Services. In the past, it was an amorphous and at times nebulous program. The budget in 1955 was $544,000. It was supposed to be $82 million in FY 1982, but my recent testimony indicates that the minimum budget should be $150 million and a case easily can be made for one of $200 million, with the appropriate number of personnel. Please believe me, more is not more beautiful — more simply will initiate a long overdue prevention program.

It is impossible to handle such a program at CDC. I have heard all the arguments about CDC protecting NIOSH, but I saw CDC take the total budget cut of 5 percent imposed on it by OMB in FY 1974 out of a $5 million appropriation to NIOSH for black lung clinics. I also saw another black lung clinic appropriation that was supposed to go to NIOSH end up in HSA. So, despite great respect for CDC and its current Director, assignment of NIOSH to Atlanta is a continuation of a mismarriage that should never have been consummated. The UMWA looks at the transfer of NIOSH to CDC with a jaundiced eye.

The task, Mr. Chairman, confronting Congress and the nation far surpasses CDC's capabilities and its limited understanding of occupational health and its history.

The UMWA is talking about an occupational health and safety program for all the workers throughout the country. If only this Administration could understand that we are talking about 200,000 — 300,000 workers' lives every year — the increasing demand to prevent their premature deaths just because they had to work to earn a living. The American people jumped at the opportunity to stop the ghastly toll of polio when it was offered to them in the mid-'50s. The still more ghastly toll of unnecessary job-related deaths and disabilities is the great challenge that now lies before us. With the help of Congress and an effective and independent NIOSH, the answer to this challenge can be developed.

United Mine Workers of America

SAM CHURCH, JR.
PRESIDENT

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20005

July 9, 1981

The Honorable Richard G. Schweiker
Secretary of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, D. C. 20201

Dear Mr. Secretary:

The United Mine Workers of America commends you for the appointment of Donald Millar, M.D. as Director of the National Institute for Occupational Safety and Health. We have come to know Dr. Millar well and share the respect and admiration expressed by all concerned. Your action in this matter is mindful of the leadership role you played during the Senate hearings on the Federal Coal Mine Health and Safety Act of 1969. The OSHA hearings in 1970 clearly indicated your understanding of the urgent need to prevent all occupational diseases and injuries plaguing the nation's workers.

Contradicting this apparent comprehension of the enormity of the task confronting NIOSH is your announced intention to sequester the Washington office of NIOSH within the confines of the Centers for Disease Control in Atlanta, Georgia. The Union has a high regard for CDC and the manner in which it conducts its business. Its reputation in the field of disease prevention is acclaimed throughout the world. The prevention of occupational illnesses and injuries however, is alien to CDC. The Congressionaly mandated role for NIOSH requires much more than can ever be provided by CDC. In fact, CDC's concern with the prevention of those diseases and conditions traceable to a single etiological agent almost precludes a comprehension of the multitude and mixture of the causes of occupational diseases, to say nothing of the innumerable organizations and agencies involved in the implementation of adequate prevention programs.

Take into account, if you will, that we are talking about the prevention each year of considerably more than 100,000 deaths due to occupational diseases and the onset of at least 400,000 new cases of occupational diseases. Moreover, there is good reason to believe that eventually we will learn that annually far more than twenty percent of the nation's cancer deaths are job-related.

Ever since its inception, about the time of the Civil War, occupational health has been isolated from the mainstream of medicine and public health. Today, there is hardly a medical school in the country that attempts to teach occupational health as a required course of instruction. Practicing physicians rarely recognize job-related illnesses, or know how to take a work history or understand the significance of work-related information. This obvious lack of concern about workers' health is manifest in nearly all other disciplines.

The UMWA has been a long and active proponent of NIOSH and its precedents. Congress, during the passage of OSHA, did not specify the administrative location of NIOSH within DHEW. Unfortunately, renaming the Bureau of Occupational Safety and Health as NIOSH did nothing to alter its amorphous and innocuous existence. In fact, this was a precise reflection of the unwillingness of all previous administrations to resolve a contentious problem. There were even some officials who at times maintained there were no more occupational health problems.

Only in such a vacuum was CDC successful in its second attempt to capture NIOSH. The first time CDC was soundly defeated by organized labor and for the same reasons we now oppose the announced transfer. The UMWA could never have resolved the numerous occupational health problems confronting us, were we forced to rely on long distance telephone calls. The mere placing of these calls encounters endless delays that rarely occur on local calls. The same situation will undoutedly occur with all other agencies and organizations doing business with NIOSH. It is thus absurd to contend that moving NIOSH to Atlanta will not interfere with the dependence on NIOSH on which we all have come to rely.

Travel between Washington and Rockville is short and unrestricted, whereas the trip to Atlanta, regardless of the traveler's origin is beyond comparison. The loss of production time and the buffeting of mind and body is also markedly different. Undoubtedly, there will be meetings in both Atlanta and Washington that will suffer because of the lack of adequate personnel and files. An Atlanta base for NIOSH will markedly limit the amount of travel by all but the most affluent management representatives and even they may in time be less frequent visitors.

Although the UMWA has been a long and active supporter of NIOSH we have also been strongly opposed to the consignment of NIOSH to CDC. The prevention of far more than 100,000 occupational disease deaths each year demands the unequivocal establishment of NIOSH at the Assistant Secretary level. We in the UMWA have had far too much experience with the unnecessary killing of miners with coal mine dust to sit mute when an attempt is made to muzzle a harbinger of a long overdue govermental program.

We trust the workers' growing demand for the prevention of occupational diseases will foster a reconsideration of the isolation of NIOSH in Atlanta.

Sincerely,

Sam Church Jr

Sam Church, Jr.

History of Administrative Changes
Occupational Health Program of the
United States Public Health Service

1914 - Office of Industrial Hygiene and Sanitation was organized in the Division of Scientific Research, Public Health Service, U. S. Treasury Department. The Office was transferred in 1918 from the U. S. Marine Hospital, Pittsburgh, Pennsylvania to Washington, D. C. Other changes in name and organization took place in the intervening years.

February 1937 - Division of Scientific Research was consolidated with National Institute of Health. Office of Industrial Hygiene and Sanitation together with the Office of Dermatoses Investigations became the Division of Industrial Hygiene.

1939 - Reorganization Act of 1939 (53 Stat. 561) placed Public Health Service in the Federal Security Agency. Staff of the Division of Industrial Hygiene moved to National Institute of Health at Bethesda, Maryland in December 1939.

July 1944 - Division of Industrial Hygiene was transferred from National Institute of Health to Bureau of State Services, Public Health Service, Federal Security Agency. (PHS Reorganization Order No. 1, Act of July 1, 1944, Public Law 410).

1947 - Division of Industrial Hygiene moved its offices from Bethesda to Washington, D. C.

1949 - Division of Industrial Hygiene established its Salt Lake City Field Station.

1950 - Division of Industrial Hygiene established its Field Headquarters at Cincinnati.

April 1953 - Department of Health, Education, and Welfare was created by Reorganization Plan 1 of 1953 (67 Stat. 18; 5 U.S.C. 623). Federal Security Agency was abolished.

1953 - Division of Industrial Hygiene became the Occupational Health Program, Division of Special Health Services, Bureau of State Services.

1960 - The Occupational Health Program was reorganized as the Division of Occupational Health, Bureau of State Services.

January 1966 - Appalachian Laboratories for Occupational Respiratory Diseases established at Morgantown, West Virginia.

1966 - Public Health Service reorganized in accordance with Presidential Reorganization Plan 3, 1966.

Division of Occupational Health was designated the Occupational Health Program, National Center for Urban and Industrial Health, Bureau of Disease Prevention and Control.

Summer 1967 - Washington, D. C. headquarter's staff was transferred to the Cincinnati facility.

July 1968 - Further reorganization of Public Health Service. Bureau of Disease Prevention and Control was abolished and the

Environmental Control Administration, Consumer Protection and Environmental Health Service was established. Occupational Health Program became part of Environmental Control Administration.

1968 - Beginning in September, the Office of the Chief, Occupational Health Program was re-established in the Washington, D. C. area at Rockville, Maryland.

Salt Lake City Field Station moved to new quarters in October.

December 1968 - the Occupational Health Program was designated the Bureau of Occupational Safety and Health, Environmental Control Administration, Consumer Protection and Environmental Health Service. (Federal Register, Vol. 33, No. 247, December 20, 1968).

December 30, 1969 - Coal Mine Health and Safety Act signed (P.L. 91-173)

January 1970)
Undergoing another reorganization
February 1970)

November 1970 - EPA established(occupational health not included)

December 29, 1970 - Occupational Safety and Health Act signed (P.L. 91-596) (organizational limbo)

June 1971 - Secretary Richardson announced establishment of NIOSH, organizationally placed under HSMHA.

June 1973 - NIOSH placed under Center for Disease Control.

Occupational Health Program Chiefs, USPHS

1914-18 Joseph W. Schereschewsky, M.D.

1918-20 Anthony J. Lanza, M.D.

1920-21 Bernard J. Newman

1921-30 Lewis R. Thompson, M.D.

1930-32 James P. Leake, M.D.

1932-40 Royd R. Sayers, M.D.

1940-41 Paul A. Neal, M.D.

1941-51 James G. Townsend, M.D. (deceased 1970)

1951-54 Seward E. Miller, M.D.

1954-56 Henry N. Doyle

1956-March 1962 Harold J. Magnuson, M.D.

April 1962-August 1963 W. Clark Cooper, M.D.

October 1963-October 1964 Harry Heimann, M.D.

November 1964-January 1969 Murray C. Brown, M.D.

January 1969 Marcus M. Key, M.D., Acting Director

June 1969 Marcus M. Key, M.D., Director

June 1971-September 1974 Marcus M. Key, M.D., Director, NIOSH

March 1975 John F. Finklea, M.D.

Sept. 1978-March, 1981 Anthony Robins, M.D.

Dr. KERR. I share both George's and Jack's feelings. Instead of crying as Jack did, I became furious. I must say my adrenals took an extra licking this morning. There are several points that can be made rebutting some of the earlier remarks. For instance, the suggestion of putting NIOSH into the Department of Labor, would be like trying to put a medical school in a desert. It won't work.

You are going to duplicate personnel, activities, equipment, and you are cutting off the people you are putting in over there in the Department of Labor more than they are now. It has been discussed many times and tossed out.

As far as the business of the epidemiology they talk about, I am not convinced the epidemiology you get out of CDC warrants any consideration of putting NIOSH down there. Those epidemiologists are not trained in occupational health and they have little or no understanding of an independent union.

The same is going to apply as far as the manpower they are going to be getting out of the schools in public health. You are going to be putting them into factories, into mines, into plants where they have no comprehension of labor and labor history.

Heaven forbid you would say that the UMWA is a part of AFL-CIO. Someday, maybe.

Incidentally, NIOSH could get better epidemiology in some respects at the National Cancer Institute, and the Bureau of RAD Health than they can out of CDC.

As far as health education that they pounced upon, you can do all of that you want to but it is not going to go anyplace until such time as management wants it in a particular location. Even then it is not going to work.

I would like to have a whole afternoon on that subject. As far as surveillance is concerned, there is a good surveillance program that is working at the moment out of Cincinnati and it is under the direction of an alumnus of CDC.

If they want better surveillance they probably should think about moving Cincinnati to Atlanta.

I have the distinct feeling that this consolidation of NIOSH down at CDC comes about as a management procedure and not as a procedure as to what is going to provide better care and better programing.

As far as OSHA and NIOSH is concerned, Jack has told you a lot about that. Just one footnote, I am sure he would agree that while NIOSH is supposed to be having good public and working relationships with OSHA, the present administration at OSHA has told NIOSH to do whatever they want to that we at OSHA do not want to go along with you, we will not coauthor with you.

So it is a little difficult to have the kind of nice working relationship that Jack pointed to as being desirable. I would point to the same kind of relationship which we feel should be taking place between NIOSH and MSHA.

The lack of confidence of labor to which Dr. Brandt referred exemplifies the attitude of CDC in moving NIOSH to Atlanta. There was no conversation with anybody except a handful of people he mentioned and on the basis of that handful they make a decision.

They pointed out that occupational health had been pointed out—and I will try to hit the point where I have a quote. Dr.

Foege—I was surprised he would say this—"mainstream of public health is in Cincinnati but occupational health has been isolated because of labor and management," and some other folks he mentioned.

I would point out for the record that NIOSH is where it is today because of the strong position that labor has taken over the years. That it was back in 1935 that the Social Security Act was passed, that funds for the first time were made available and by 1943 there were division of industrial hygiene in 38 States, 6 municipalities, TVA and the District of Columbia. All of this came out of social security money.

In addition to that there was during World War II an occupational health physician from the Public Health Service in uniform on a lend-lease basis in every State health department except two. In addition, total appropriation for occupational health was $4½ million. That was expanded until 1950.

By 1955, the budget for occupational health was $544,000 per annum. It was at that point that some of us who were involved in one of the labor health organizations became excited. We began to get together with George and a number of other people and we have pushed and pushed and pushed.

It was because of labor's insistence that we first have the Federal Coal Mine Health and Safety Act in 1969 which laid out as Jack pointed out, a program for health in the coal mines which was historic. It was the first time that Congress had ever reached into a major industry and said that the occupational disease occurring in that industry must be eradicated and they laid down the standards, levels of dust. They laid down the fact it had to be monitored with a chest X-ray program.

We have worked closely with them. It was the result of that act the following year that we have OSHA. Labor played, I can assure you and you know it from your own experience, the major role in both of those legislative instances.

So contrary to what Foege says, they would not even be talking about this if it was not because of the role labor had played in occupational health.

I think one of the overall points that needs to be made is there needs to be a discussion at the committee level on what are the occupational health problems facing the country today.

The enormity, when you get into it, is overwhelming. One hundred thousand deaths was mentioned a short time ago. There are some of us that think it is probably 300,000 a year from occupational diseases. The occupational cancers you can't get any agreement on at all. It is getting high and it is going higher.

It is a monstrous load. We have physicians that don't know how to take case histories, let alone being able to relate the significance of what they are seeing in an individual person with what the person does on the job.

There is no occupational health being taught in the medical schools and very little more being taught in the schools in public health.

We have an overwhelming need for this kind of service. If we had the kind of a program we should have in occupational health, CDC would cease to be CDC. If NIOSH were to be given its go-ahead with the money and the personnel that is necessary to build the program we need in this country, CDC would do a disappearing act.

But the chances of that happening are very remote. It cannot happen under CDC leadership. It must happen under a leadership with an agency that is responsible directly to the Assistant Secretary.

I told Mr. Foege that the first time I saw him after he got appointed. I told Dave Censor that. I have maintained this position since 1969.

I mentioned that under the Coal Mine Health and Safety Act, Congress said the levels of dust had to come down to a certain point. As you know, it is two milligrams and at the present time the vast majority of the mines are reported to be in compliance. Somewhat more than half are at two milligrams

The only mechanism we have to determine whether these levels of dust are really stopping this disease is chest X-rays made at periodic intervals. The first go-around over 90 percent of the working coal miners had X-rays. The second time about 75 percent. At the present time, it is running about 57 percent.

With figures we have no way of knowing whether this dust level is actually doing the job that we think it should have. Since 1969, when I first testified on the coal mine bill, I maintained that the Public Health Service should be taking all of these X-rays. They should take one-fourth of the coal miners every year. They should take those X-rays on-shift. Only in that way are we going to get comparable X-rays of high quality that will enable us to make sure that these miners' lives are being protected.

The operators will pay for those X-rays the same as they pay for them now only they will make the check out to the Treasury. This becomes the service that I think is prime for NIOSH. They must be a service agency.

We have no complaints with NIOSH because of the fact we have had good service out of them as a rule. Also, there must be research. I could not agree with that more. But I think to look at that in any other way than to say this is a total operation as far as any prevention program is concerned, you don't need to move to CDC to get that.

I am very much opposed, our union is opposed, as we have said in our letter to the Secretary, to this move because of the fact that it destroys what semblance of a national occupational health program we have at the present time.

I will be glad to answer any questions.

Mr. GAYDOS. I want to commend the panel for a very practical analysis. It certainly hit the sensitive areas. You are not strangers to this committee. I have worked with all three of you as long as I have been here and I know Doctor, when you talk about the first microgram limitation we set for dust standards. Everybody said it was impossible.

Now they are down to 20 percent of the standard. I remember that vividly and I know the hard work and complete dedication of this group here and particularly the three individuals in front of the chair at this point.

Before I turn you over to Mr. Kogovsek, I want to say from here on out when you appear before the committee I am going to make sure that you don't read a prepared statement. We will put it in the record.

Your summations were, for want of a better descriptive term, beautiful and meaningful, really enlightening. I know those in the audience listening to you got as much out of it as I did.

I am familiar with everything you are talking about and it disturbed me.

At this time I would like to call on my friend Mr. Kogovsek from the great State of Colorado.

Dr. KERR. You have to guarantee us we will take lead-off.

Mr. KOGOVSEK. Thank you.

As a representative, as the chairman so nicely put it, of the great State of Colorado, let me say to all three of you that on behalf of the people that I represent, the Steelworkers of Pueblo, the coal miners of Trinidad and Walsenberg and throughout the whole western slope of Colorado, I want to thank you gentlemen on their behalf because it has been your labors on behalf of the labor movement over the years that has finally brought those people to a point where there are miners now that are finally getting the black lung medical help they should be getting because of the medical testing that can be done.

We have better working conditions because of the labor and recommendations that you have put in, Jack, in this committee and the full Labor Committee and in Congress.

I don't have any questions at this point. I am a new member to this committee, Mr. Chairman. Just sitting here is kind of a history lesson for me. I look forward to many, many more sessions with you gentlemen. Your testimony is instructive to me and it is instructive to anybody who will take the time to read the record days from now, weeks from now.

I just want to say how proud I am to be able to sit here and listen to your testimony.

That is all I have, Mr. Chairman.

Mr. GAYDOS. At this point I would like to ask all three of our witnesses if they would put on record what they conceive to be the real purpose of this move. I would like to have that on the record because there has been a lot of fancy language bantered about here today as to why the move is being made and justification for it but it seems to me the three before us will be in a unique position to penetrate the facade and get down to the heart of the matter of what they think is the reason behind the move.

Dr. KERR. I don't think there is any shadow of a doubt that transferring NIOSH to CDC will emasculate it. It will become, as we have learned to talk about administrative structures, less than a bureau.

At one time it was a program back years ago. But I think that it will become—they will provide some of the service down there. There is no question about it and Dr. Foege and Dr. Millar are sincere guys and they will try to do something about it. But they can't.

The very structures are such that it is impossible to do what has to be done on this. I wish them well but I am convinced from all that I have seen in almost 40 years of being in very close touch with occupational health it cannot be done.

Mr. **Taylor**. I think what Lorin said is true, both structurally and in terms of the program. I think CDC has ignored or attempted to ignore the intent of Congress and trying to detach NIOSH as a function from its statutory purpose to the generalized purposes of that organization which is mostly dealing with Public Health Service in the States and with contagious diseases. Nobody questions the high priority of research. We don't know enough about anything in the environment, in the workplace to be authoritative on anything.

The volume of research in occupational safety and health is broad and deep as the ocean and the depths have not yet been plumbed. If we do not have the resources in the field of occupational health to start doing that job and if it is subordinated to these meager and less particularized programs of CDC, the workers of this country are going to be the losers.

This move is going to go very far in that direction. In connection with the move at this time, I think I mentioned in my statement that there have been bureaucratic attempts to achieve this over a period of years. We fought against them and NIOSH directors fought against them and they did not come about. But it was successful this time because there was a vacuum there. There was no director of NIOSH to appeal.

The former director had been fired and I think we all know why he was fired. He was fired because he had an obligation that he tried to carry out to benefit American workers and he worked very closely with us. While some criticism could be made about Dr. Robbins in various areas which have to do with administrative efficiency, his dedication to serving the American workers was, I think, unquestioned. He played square with us; as did the other two directors.

Dr. Millar I know personally and I have the highest regard for him just as Lorin has. I believe he will make a manful effort to achieve some kind of program for NIOSH but I think the broader purposes of this administration are part of a two-pronged effort to reduce Federal regulation. It is now being moved with great rapidity by the Department of Labor. If you weaken the health function so it can't perform and supply OSHA, the regulatory arm, with the necessary scientific basis on which it can regulate, then you have crippled the program irreparably on the health side just as the Assistant Secretary is carrying out the Reagan antiregulatory programs with great speed and facility on the safety side.

It will fasten the vise on the whole effort we have been making for the last 25 years to get a decent break for American workers in the workplace.

Mr. **Sheehan**. I don't know whether I cannot be repetitive. I hope not. I certainly appreciate the comment that your colleagues have made about the role in the American labor movement in occupational health and safety. It is probably self-serving but I am convinced that if it were not for organized labor there just would not be the statutory presence of OSHA in the workplace and I must say we are constantly making pleas before the Congress to maintain that statutory role.

Second, I certainly would like to concur in some of the suggestions I heard this morning about this particular episode. As to the actions which the committee might be pursuing, both formal and the informal actions.

I think it is important that at least there be some kind of a moratorium on this move. Not only because, for instance, the people that are in this room who are employed by NIOSH, who stand to lose their jobs and whose pleas you have heard, but also because we are firmly convinced that the transfer does represent another signal coming from the administration as to what it really intends to do with occupational safety and health.

I think it may not be just coincidental that, at the same time, we are hearing the OSHA side of this equation may not be moving very rapidly into promulgating new standards in the area of occupational health and safety.

What a very convenient argument to substantiate the lack of movement in the rulemaking area. If they could say, "Look, NIOSH has just been transferred. We don't have the scientific background. They are reorganizing down here."

The thing I think you have to take into consideration and put in context is the fact there have been frequent OSHA comments about the fact that progress in safety and health is dependent upon education and training. "Don't bring the policeman into the workplace. Bring the professor in." That is good. But it is not sufficient.

I don't think we should demean education training but I think it is very interesting to note that in this current exercise which Congress is undergoing, namely the reconciliation process, there was some $9 million worth of NIOSH funds that were eliminated at one stage in this process resulting in a complete washout of what is known as ERC, Educational Resource Centers, where there was an attempt to train, at the academic level, those in occupational medicine, those in industrial hygiene, those in industrial nursing.

It was the purpose of our academic schools which had established these 12 centers. But they were almost washed out. What I am indicating is that we are witnessing this elimination of funds for education as part of a pattern of total withdrawal of certainty the administrative responsibility under act.

I would like to conclude with this comment, and maybe one other. I thought it was somewhat disingenuous of the administration to indicate that, they are not transferring everybody. Some are to remain in Cincinnati and some in Morgantown. It is interesting that someplace in the testimony the administration indicated it was going to shutdown Morgantown, too, for purely budget reasons.

Nevertheless, there is a disengenuity to the statement that HHS was going to move only 18 percent of total NIOSH staff. That seems to be an insignificant number. Eighty-two percent of the staff would remain unaffected.

But, Mr. Chairman, the 18 percent are the policymakers. The 18 percent are those that represent the Institute here in Washington with all its relationships to the various aspects of occupational health that we are really trying to identify. And it is 18 percent that is most important and it is not an insignificant 18 percent to shuttle them all around the country.

What difference does it make? They were the decisionmakers. They are the ones in charge of the agency.

Here is what I would like to close with. Like everything else, you must feel that your effort should go further than merely stopping the transfer of this agency. The paper, which I submitted to the committee just a little while ago, indicated that there was a big debate in 1977 as to the proper status, the proper place of NIOSH, not just its geographical location, within the organizational structure of and administration devoted to implement the 1970 Act.

I would hope perhaps we could expand these hearings after the successful stopping of this move into really looking at the role of NIOSH. I submit that NIOSH's role as being a copartner with OSHA has always been somewhat rocky but the relationship has been with those two and not with some distant research group in some other place in the country.

I hope this is an objective that hopefully we might be able to pursue further if you feel that we are successful in stopping what is taking place here, namely the transfer of the NIOSH headquarters to Georgia.

Dr. KERR. Two other things I just thought of. Under the Coal Mine Act we have Federal Coal Mine Health Research and Advisory Committee that is allegedly advisory as far as the Secretary is concerned.

I don't know how much more gets up there but the Director of NIOSH is always in attendance at those meetings. As I remember, it was about three meetings ago that the committee passed unanimously a resolution recommendation that NIOSH as an Institute should be put in a position that it would be directly responsible to the Assistant Secretary.

This is a committee that has been in operation on a quarterly basis ever since the summer of 1970.

One other thing to firm things up is a personal experience I have had with CDC. I remember in 1974 when there was an appropriation of $10 million approved under the 1972 Black Lung Benefit Act for black lung clinics. I got whittled down to $5 million and then it was sent to NIOSH via CDC.

In the meantime, OMB said everybody had to take a 5-percent cut in their budgets. So the Director of CDC at that time took the total 5-percent cut for the CDC budget out of that $5 million for the establishment of black lung clinics.

I saw on another occasion that the $10 million that was authorized in the 1977 Black Lung Benefits Reform Act for black lung clinics end up without a quiver from CDC in the Health Service Administration. It had been originally programmed to go to NIOSH.

Mr. TAYLOR. Not to pursue the devil theory of history too far but I listened to the testimony of Dr. Brandt and some contributions by Dr. Foege—their rationalization of the NIOSH transfer. When the question was asked by the chairman as to what reactions, what sort of retrenchment would have to be undertaken by NIOSH and its program since the fiscal year 1982 was a 29-percent reduction from the previous fiscal year affecting the vitally needed training program.

He had already stated that most physicians in general practice have no comprehension of occupational safety and health and could not take a history from a patient who is a worker and tie it into some type of exposure that he might have in the workplace that would produce the symptoms he is trying to treat.

I realize the difficulty of Dr. Brandt. He speaks under administration policies. That is to say frankly to this committee, what the effect of this precipitous cut in funds for this absolutely indispensable program in the educational resource centers, the 10 of them and the in-house training programs of NIOSH.

There have been so many manpower surveys made by NIOSH showing an enormous dearth of health professionals, physicians, biochemists, biostatisticians, industrial hygienists and the rest.

Now I am getting back to the devil theory. I assume that the business community has confidence in the Reagan administration ability to curtail regulation of health and safety in the United States to the point where employers are not going to have to produce and they are not going to have to hire new health personnel, new safety personnel to comply with existing new rules and regulations. What better way of establishing a buyer's market in these health professions than by closing down the conveyor line that produces them.

Business anticipates that the Reagan administration will make it unnecessary for it to comply with the erstwhile strict standards of OSHA and NIOSH.

I can attest to the somewhat validity of a seller's market by the fact that we have one vacancy in our Department for an industrial engineer with safety experience. I believe every college of engineering in this country that had a graduating class was aware of this and I have a pile of applications from these young people this high [indicating].

We have also received perhaps 40 to 50 applications from people who hope we are hiring industrial hygienists. Some of them work for OSHA and are subject to reductions in force. These people are or will be out of work. With the NIOSH transfer the ones who don't make this move are going to be in the same position when they try to get a job in industry or in the Government which have also received curtailments in their budgets. They are going to be out on the street.

The corporations in this country who should be expanding their health and safety staffs are going to sit by and wait for the results of the Reagen administration's efforts to cripple regulation of business.

Mr. Gaydos. I wish to compliment the excellent panel.

Any questions, Mr. Kogovsek?

Mr. Kogovsek. I have none, Mr. Chairman.

Mr. Gaydos. There being no further questions, I again wish to commend the approach of the panel. They are always interesting and always on point.

I want to conclude by saying that the committee, as I mentioned before, we have several thoughts in mind and avenues to pursue and we will do that.

On behalf of all the visitors we have here today and those that attended the hearing, I could not promise anything for myself for and on behalf of the committee outside of a sincere effort to try to do what is right and called for under the circumstances.

I know that I can depend upon our three witnesses, Dr. Kerr and Director Taylor and Director Sheehan to respond to us when we need information.

Let me conclude by saying that I am going to recess the hearing without a specific date to reconvene. We will come back in September. I don't know what we are going to do but we are going to give it a yeoman's effort and try to do the right thing.

I want to commend this group for its decorum. It was patient and attentive. We will recess now.

[Whereupon, at 1:20 p.m., the subcommittee recessed.]

[Material submitted for inclusion in the record follows:]

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
CHAUFFEURS · WAREHOUSEMEN & HELPERS
OF AMERICA
25 LOUISIANA AVENUE, N.W. • WASHINGTON, D.C. 20001

July 30, 1981

RECEIVED
AUG 4 1981
SUBCOMMITTEE ON HEALTH
AND SAFETY

The Honorable Carl D. Perkins
Committee on Education and Labor
Subcommittee on Health and Safety
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Perkins:

As you are no doubt aware, the International Brotherhood of Teamsters represents some two million working men and women. Many of these workers find the quality of their employment environment directly affected by the ongoing research efforts of the National Institute for Occupational Safety and Health.

Therefore, we were pleased to note the July 28, 1981 hearing conducted by the House Education and Labor Subcommittee on Health and Safety, investigating the proposed dispersal of NIOSH offices from Rockville, Maryland to Atlanta and Cincinnati. It is our belief that such a move would seriously diminish the ability of NIOSH to carry out its statutory duties as detailed in §§20, 21 and 22 of the Occupational Safety and Health Act of 1970 (29 USC 669, 670, 671).

A move away from the Washington metropolitan area would make meaningful, timely consultation between NIOSH and the Secretary of Labor and other Federal agencies considerably more difficult and less effective. Such consultation is required by §20(a)(1) of the Occupational Safety and Health Act. Further, the logistic and personnel problems which arise from the proposed change in location would render NIOSH totally ineffective during a period when objective, scientific occupational safety and health hazard data is most urgently needed.

The July 28th hearings served to focus attention on a number of these problems, and the subcommittee is to be complimented for its efforts. Of particular interest was the process by which the decision to move NIOSH was made. In answer to questions posed by Mr. Gaydos, Assistant Secretary of Health and Human Services Dr. Edward N. Brandt, Jr. stated that he had not consulted with OSHA or MSHA officials prior to proposing the NIOSH move.

Such lack of interagency communication appears to run counter to NIOSH's authorizing legislation. §22(c)(2) of the Occupational Safety and Health Act authorizes NIOSH to "perform all functions of the Secretary of Health Education and Welfare (now HHS) under section 20 and 21 of this Act". §20(a)(1) requires the Secretary of HHS (through NIOSH as per §22(c)(2)) to "conduct research, experiments and demonstrations relating to occupational safety and health . . ." only after consultation with the Secretary of Labor and other appropriate Federal departments or agencies. §20(a)(2) requires similar consultation in the development of specific plans for the conduct of research involving toxic substances identification criteria.

In light of this language, it seems apparent that moving NIOSH away from the agencies with which it is required by law to consult is not in the best interests of administrative efficiency. Further, for such action to be taken without any contact between NIOSH and its client agencies concerning the move, seems in direct conflict with the congressional intent of §20.

Therefore, we fully support the continued involvement and oversight of the subcommittee with regard to this matter. Our organization stands ready to assist this effort in any way possible and will make our position known to Secretary Schwieker and other appropriate officials within the Administration.

Sincerely,

R. V. Durham, Director
Safety and Health Department

Sincerely,

David A. Sweeney

David A. Sweeney
Legislative and
Political Director

RVD/DAS:bb

cc: Secretary Schwieker, Health and Human Services
Roy L. Williams, General President, I.B.T.

CHARLES E. SCHUMER
16th District, New York

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August 12, 1981

Hon. Joseph M. Gaydos
Chairman
Health and Safety Subcommittee
Committee on Education and Labor
Room B-345A, RHOB
Washington, D.C. 20515

Dear Mr. Chairman:

I am writing to express my doubts about the advisability of the National Institute for Occupational Safety and Health's proposed move from the Washington metropolitan area. I understand that your Subcommittee recently held hearings on this important issue.

There are many reasons to keep NIOSH's headquarters in the Washington area. Before any decision can be made, however, a reasoned study should be made of the consequences of such a move. I find it disturbing that the change which had been vetoed by the three previous NIOSH directors was commenced by the Center of Disease Control while there was no official director of the Institute. Action on the move began without alerting your Subcommittee first and a November 1st date was quickly assigned for the change. I believe that NIOSH's move was planned intentionally while the Institute was leaderless.

I do not think there is any reason for this move. In fact, it seems that it would be detrimental to the job that NIOSH was chartered to do. It is important that NIOSH be near the nation's capital if it is to be able to work in concert with government agencies and unions. It is very suspicious that the move comes at a time when the Reagan Administration is deintensifying safety financing. Moving NIOSH will lessen its ability to guarantee worker safety.

In addition, the NIOSH move will cost the government an estimated $16 million. That figure does not even include the extra travel expenses that will be incurred on trips to Washington if the headquarters are in Atlanta. In a time of severe budget cuts, it is utter foolishness to spend more money on an unproductive relocation.

I would like to add my voice to those opposing this move. I remain convinced that it will have an adverse effect on worker safety.

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

Hon. Joseph M. Gaydos
August 12, 1981
Page two

Let us not reverse the progress we have made in the last fifteen years in making the work place safe.

Thank you for your consideration.

Sincerely,

Charles E Schumer

CHARLES E. SCHUMER
Member of Congress

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OVERSIGHT ON THE PROPOSED TRANSFER OF THE NIOSH FACILITIES FROM ROCKVILLE, MD., TO ATLANTA, GA. AND CINCINNATI, OHIO

TUESDAY, SEPTEMBER 15, 1981

House of Representatives,
Committee on Education and Labor,
Subcommittee on Health and Safety,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9 a.m., in room 2175, Rayburn House Office Building, Hon. Joseph M. Gaydos (chairman of the subcommittee) presiding.

Members present: Representatives Gaydos, Kogovsek, Kramer, Johnston, and Craig.

Staff present: Paul F. Dwyer, majority counsel; Lee Bassford, secretary; Dorothy Strunk, minority senior legislative associate; Peter Morgret, minority legislative associate; and Steve Furgeson, legal intern for graduate studies in labor law.

Mr. **Gaydos**. The subcommittee will be in order.

This morning we are continuing with our oversight hearings into the proposed transfer of the Rockville, Md., operations of the National Institute for Occupational Safety and Health to Atlanta, Ga., and Cincinnati, Ohio.

Appearing before the subcommittee this morning will be three panels of witnesses. The first panel consists of Dr. Marcus M. Key and Dr. John F. Finklea, both former Directors of NIOSH. Accompanying them will be Dr. Morton Corn, former Assistant Secretary of Labor for the Occupational Safety and Health Administration.

The second panel will consist of Dr. Raymond R. Suskind of the University of Cincinnati; Dr. William N. Rom of the University of Utah Medical Center; and Dr. Gareth M. Green of Johns Hopkins University.

The third panel will consist of Dr. Lloyd B. Tepper, corporate medical director, Air Products & Chemicals, Inc., Dr. H. Dean Belk, corporate medical director, Aluminum Co. of America; and Dr. Merle Bundy, medical director, United States Steel Corp.

I would like to mention that the subcommittee invited Dr. Anthony Robbins, the most recent Director of NIOSH, to appear this morning along with Dr. Marcus Key and Dr. John Finklea. Because of Dr. Robbins' responsibilities with the House Committee on Energy and Commerce, he has stated he will be unable to participate.

I do have a letter dated September 9, 1981, addressed to me, as chairman, from Dr. Robbins. Without objection, at this time I would like to make, and I do make, this communication a permanent part of the record of these proceedings.

[The letter referred to follows:]

U.S. House of Representatives,
Committee on Energy and Commerce,
Washington, D.C., September 9, 1981.

Hon. Joseph M. Gaydos,
Chairman, Subcommittee on Health and Safety, Committee on Education and Labor, U.S. House of Representatives, Washington, D.C.

Dear Mr. Chairman: Thank you for the cordial invitation to join the panel of professors of occupational safety and health for your hearing on 15 September 1981. As you know, I have been critical of the consistent Administration efforts to silence NIOSH. Drastic cuts in the research budgets, grants to universities, and training programs; restraints on scientific publications; improper dismissal of the director; and the devastating and disruptive move to Atlanta all have one purpose: to kill the messenger. The Administration does not wish to be reminded that hundreds of thousands of workers are injured, killed, or poisoned on the job each year. As long as NIOSH continues its mission, it will reach the conclusion that workers need to be protected. Thus, they silence NIOSH. I believe that if you listen carefully, you will hear less and less from NIOSH of the next three years.

Because of my new responsibilities with the Committee on Energy and Commerce, I must decline your kind invitation to appear next week. I hope you will use this and subsequent hearings to explore the attitudes of the new leadership at NIOSH toward problems of workers. A public health agency must be committed to protecting its public—for NIOSH, American workers; and must not bend the statute to reflect the Administration's prime concern for corporate wealth.

I know that your staff has worked very hard on this hearing, so it is with many regrets that I must decline.

Sincerely,

Anthony Robbins, M.D.

Mr. Gaydos. Everybody has been reading the papers and it is common knowledge that the item we are about to hear testimony on is one of importance and one that has stirred up some controversy. I think we will probably be hearing more about it.

Without further discussion on my part, I would like to welcome the members of the first panel—Dr. Key, Dr. Finklea, and Dr. Corn.

Gentlemen, welcome to the subcommittee. You may proceed as you deem best suited to your purposes.

[Prepared statement of Dr. John Finklea follows:]

PREPARED STATEMENT OF DR. JOHN F. FINKLEA, PROFESSOR OF PREVENTIVE MEDICINE, SCHOOL OF MEDICINE, UNIVERSITY OF ALABAMA IN BIRMINGHAM

I am Dr. John F. Finklea, professor of preventive medicine in the School of Medicine at the University of Alabama in Birmingham. The teaching programs of our Department involve medical students, graduate students and resident physicians. We also work in research patient care, coummunity service and continuing education. Prior to joining the university I worked for ten years as a Federal research scientist and as a manager of research programs dealing with either environmental health or occupational safety and health. From April 1975 until January 1978 my Federal assignment was to serve as director of the National Institute for Occupational Safety and Health (NIOSH). I appreciate the invitation of the Subcommittee and am pleased to serve as a panel member during your oversight hearings dealing with that institute. I am not testifying today as a representative of my university but rather as a private citizen whose testimony is based upon personal knowledge and experience.

In his invitation the Chairman requested that this panel address several issues including the following:

The proper mission of NIOSH.

The appropriate policy role of NIOSH.

The relationship between productivity and a safe and healthy workplace.

NIOSH relationship to the Occupational Safety and Health Administration (OSHA) and to the Mine Safety and Health Administration (MSHA).

The record of stewardship of NIOSH by its parent agency, the Centers for Disease Control (CDC), since 1973.

NIOSH was established by the Occupational Safety and Health of 1970 and given major functions relating to workplace safety and health in general industry. These functions include research, manpower development, technical assistance and criteria document preparation. Similar functions were assigned to NIOSH by the Federal Mine Safety and Health Act. Other NIOSH responsibilities include assuring the availability of medical examinations for underground coal miners, safeguarding medical records of coal miners and certain other workers, and limited responsibility for testing and approving air sampling instruments and personal protective equipment. The overall mission of NIOSH, as mandated by Federal legislation dealing with worker safety ahd health, seems appropriate and consistent with the missions of similar institutes in other industrial nations in Asia, Western Europe and the Soviet Union. A number of developing nations have also established institutes with missions quite similar to that of NIOSH. The breadth and complexity of the NIOSH mission and those of its sister institutes in other nations might be expected to give rise to policy, management or coordination issues such as the following:

The appropriate roles of government and the private sector.
Relations with representatives of workers or management.
Organizational location and administrative structure.
Relationship between the ministries of health and labor.
Functions involving regulatory, judicial and worker compensation systems.
Relationship to other governmental research institutes.
Relations with local and state governments.
Coordination with professional groups.
Relationships to university research and teaching programs.
The degree of involvement in delivering preventive and personal health care.

In judging whether or not the mission of NIOSH is appropriate, perhaps it would he helpful for the Subcommittee to ask an appropriate body such as the National Academy of Sciences to review our own experience and that of other nations and to make recommendations for any changes in mission, organizational structure and programs that seem appropriate, reasonable and indicated.

Panelists have been asked what is the appropriate role for NIOSH in advancing sound occupational safety and health policies? This question might be answered from a number of different perspectives. From a scientific standpoint a major role and contribution of NIOSH is to conduct a vigorous, appropriately focused research program that can help provide a sound scientific basis for policy development. From an administrative standpoint major Federal policy decisions involving occupational safety and health are sometimes made without much input from NIOSH. The extent of NIOSH involvement probably varies from issue to issue and with different administrations. There are notable exceptions; but NIOSH seems to have been more of a policy implementor than a policy originator. This situation may not be inappropriate. Certainly it would seem to be more difficult for NIOSH to influence overall Federal policy if its headquarters is to be located at some distance from those groups that have substantial influence in policy development.

Panelists have been asked what are the essential research training and service responsibilities of NIOSH? From a scientific and management point of view the research functions essential for NIOSH include, at a minimum, a vigorous, responsive intramural toxicology and laboratory research program and an intramural field studies program that combines the talents of industrial hygienists, occupational health nurses, physicians, epidemiologists and biostatisticians. The most essential manpower training function of NIOSH is to assure that the nation has an adequate supply of appropriately trained occupational health nurses, industrial hygientists, safety specialists and occupational physicians. In my opinion this function can best be carried out by working through the colleges and universities of the nation and with the relevant professional societies. The most essential service responsibilities of NIOSH include conducting health hazard evaluations, making provision for medical examinations and records, and serving as a clearinghouse for and disseminator of a great deal of the technical information needed by occupational safety and health professionals.

Our national goals of increased productivity and maintaining a safe and healthy workplace need not be in conflict. My experience leads me to believe that serious accidents, on the job injuries and cases of occupational illness can cause major personnel and production problems that may adversely affect workers and management. At the same time it is also clear that relying upon a system of detailed Federal regulations to achieve a safe and healthy workplace could place a large administrative burden on society. We need to develop cooperative, less adversarial approaches for imporving workplace safety and health. Such approaches should be less burdensome than detailed regulatory programs. At the same time it should be noted that there will probably be situations in which vigorous Federal regulation will be required. Wise policy, capable administration, implementation by knowledgeable professionals and vigilant Congressional oversight are required to make such a system work as effectively and efficiently as practicable.

The relationship between NIOSH and the regulatory agencies responsible for worker safety and health in the Department of Labor is an important and interesting consideration. There should be a partnership between NIOSH, the Occupational Safety and Health Administration (OSHA) and the Mine Safety and Health Administration (MSHA). Locating NIOSH headquarters at some distance from OSHA and MSHA could make it more difficult to build and maintain such a partnership. There are certain other obstacles encountered in building and maintaining this partnership. One is the current organizational placement of NIOSH two levels below OSHA and MSHA. This results in differences in grade and rank between individuals in the two organizations. Another is the seeming reluctance of the higher echelons in the Department of Health and Human Services to become knowledgeable and involved in jobsite health and safety matters. To some extent this reluctance may be because of the many other major health problems competing for the attention of higher echelons. Another factor is the continued media and public interest in health and safety issues. Media interest combined with the very real power of industry and organized labor can quickly generate major controversies which are not usually welcomed by higher echelons. In my opinion the Subcommittee would be wise to ask an appropriate, distinguished, independent body to examine and recommend any changes necessary to assure that NIOSH, OSHA and MSHA work effectively together.

The chairman expressed an interest in the record of stewardship of NIOSH by its parent agency, the Centers for Disease Control. To answer this question the Subcommittee might choose to focus upon some of the more important agency level functions including the selection of leadership for NIOSH; provision of adequate facilities for NIOSH; personnel services for NIOSH including recruitment, training, retention and career development; serving as an effective advocate for NIOSH in the budgetary process; providing a positive framework for relations involving NIOSH with professional and scientific groups; playing a key role in assuring that worker safety and health is given appropriate consideration in the higher echelons of the Department of Health and Human Services; and serving in a supportive role for NIOSH in matters that involve the Assistant Secretary for Health and the Assistant Secretaries responsible for OSHA and MSHA.

The Subcommittee or an appropriate distinguished, independent body should carefully look into how well these functions have been carried out. My own opinion is that the leadership selected for the institute may well have been professionally competent but that there has been a lack of stability. In the matter of facilities it is not clear that NIOSH yet has safe and adequate permanent facilities for its research personnel, despite at least four site selection studies. Recent transfer of personnel and rumors about the closing of the NIOSH facility in Morgantown illustrate the uncertainties that have concerned NIOSH personnel for several years. When considering personnel functions, the record of the CDC has been mixed. CDC has been helpful in recruiting physicians into NIOSH and in supporting long term training for NIOSH employees. On the other hand, there were always a great many complaints from within NIOSH about the personnel services provided by CDC. These complaints involved civil service designation for industrial hygienists, lengthy delays in personnel actions, grading of research positions, and "game playing" with personnel ceilings.

One might gain some insight into how effective an advocate CDC has been for NIOSH by talking to those playing important roles in the budgetary process within NIOSH, at CDC, at the office of the Assistant Secretary for Health and within the responsible Appropriations Subcommittees of the Congress. My own impression was that the Agency felt that Congressional advocacy of NIOSH would probably ensure needed budgetary support for the Institute and that greater Agency efforts were needed to defend other parts of the CDC budget. The Subcommittee might also want to look into whether or not NIOSH funds were more often involved in Agency mandated budgetary adjustments needed to meet unbudgeted Agency expenditures than funds from other CDC programs and whether or not budgetary requisitions or "taps" made by higher echelons were disproportionately laid upon NIOSH. If NIOSH funds were more often involved than funds from other CDC programs, the Subcommittee should ascertain why this might have occurred.

The effectiveness of CDC in providing a positive framework for relations with professional and scientific groups could best be evaluated by consulting with those groups. This Subcommittee along with other Subcommittees of the Congress having oversight responsibility for NIOSH should themselves have informed opinions about whether or not CDC and higher echelons in the Department of Health and Human Services have devoted sufficient attention to workplace safety and health problems. The opinions of worker organizations, trade associations, relevant professional societies and individuals who serve or formerly served in OSHA, MSHA, CDC and the office of the Assistant Secretary for Health (OSHA) would also be helpful.

In summary, Mr. Chairman I respectfully suggest that an appropriate distinguished body outside of the Executive Branch be asked to thoroughly review the mission, organizational placement, structure, programs and performance of NIOSH. This group should also evaluate the stewardship of the Centers for Disease Control. This concludes my prepared statement Mr. Chairman. I will be happy to answer any questions which you or members of the Subcommittee may have.

STATEMENT OF DR. JOHN FINKLEA, FORMER DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Dr. FINKLEA. Thank you, Mr. Chairman.

In your invitation you requested our panel address several issues including the following: The proper mission of NIOSH; the appropriate policy role of NIOSH; the relationship between productivity and a safe and healthy workplace; NIOSH relationship to the Occupational Safety and Health Administration—OSHA—and to the Mine Safety and Health Administration—MSHA—the record of stewardship of NIOSH by its parent agency, the Centers for Disease Control—CDC—since 1973.

NIOSH was established by the Occupational Safety and Health Act of 1970 and given major functions relating to workplace safety and health in general industry. These functions include research, manpower development, technical assistance, and criteria document preparation. Similar functions were assigned to NIOSH by the Federal Mine Safety and Health Act. Other NIOSH responsibilities include assuring the availability of medical examinations for underground coalminers, safeguarding medical records of coalminers and certain other workers, and limited responsibility for testing and approving air-sampling instruments and personal protective equipment.

The overall mission of NIOSH as mandated by Federal legislation dealing with worker safety and health seems appropriate and consistent with the missions of similar institutes in other industrial nations in Asia, Western Europe and the Soviet Union.

A number of developing nations have also established institutes with missions quite similar to that of NIOSH. The breadth and complexity of the NIOSH mission and those of its sister institutes in other nations might be expected to give rise to policy, management or coordination issues, such as the following: Defining the appropriate roles of Government and the private sector in occupational safety and health; relations with representatives of workers or management; organizational location and administrative structure; relationship between the ministries of health and labor; functions involving regulatory, judicial, and worker-compensation systems; relationship to other governmental research institutes; relations with local and State governments; coordination with professional groups; relationships to university research and teaching programs; and the degree of involvement in delivering preventive and personal health care.

Our own Institute in this country has been less involved in this last matter than its sister institutes in other nations.

In judging whether or not the mission of NIOSH is appropriate, perhaps it would be helpful for the subcommittee to ask an appropriate body such as the National Academy of Sciences to review our own experience and that of other nations and to make recommendations for any changes in mission, organizational structure, and programs that seem appropriate, reasonable, and indicated.

My own feeling is that outside review of the mission of NIOSH and that of sister institutes in other industrialized countries is one that is very much needed.

Another question you have asked us is, what is the appropriate role of NIOSH in advancing sound occupational safety and health policies?

This question might be answered from a number of different perspectives. From a scientific standpoint, a major role and contribution of NIOSH is to conduct a vigorous, appropriately focused research program that can help provide a sound scientific basis for policy development.

From an administrative standpoint, major Federal policy decisions involving occuptional safety and health are sometimes made without much input from NIOSH. The extent of NIOSH involvement probably varies from issue to issue and with different administrations. There are notable exceptions; but NIOSH seems to have been more of a policy implementer than a policy originator.

This situation may not be inappropriate. Certainly it would seem to be more difficult for NIOSH to influence overall Federal policy if its headquarters is to be located at some distance from those groups that have substantial influence in policy development.

Panelists have been asked what are the essential research, training and service responsibilities of NIOSH. From a scientific and management point of view the research functions essential for NIOSH include, at a minimun, a vigorous, responsive intramural toxicology and laboratory research program, and an intramural field studies program that combines the talents of industrial hygienists, occupational health nurses, physicians, epidemiologists, and biostatisticians.

The most essential manpower training function of NIOSH is to assure that the Nation has an adequate supply of appropriately trained occupational health nurses, industrial hygienists, safety specialists, and occupational physicians. In my opinion, this function can best be carried out by working through the colleges and universities of the Nation and with the relevant professional societies.

The most essential service responsibilities of NIOSH include conducting health hazard evaluations, making provision for medical examinations and records, and serving as a clearinghouse for and disseminator of a great deal of the technical information needed by occupational safety and health professionals.

Our national goals of increased productivity and maintaining a safe and healthy workplace need not be in conflict. My experience leads me to believe that serious accidents, on-the-job injuries, and cases of occupational illness can cause major personnel and production problems that may adversely affect workers and management.

At the same time, it is also clear that relying upon a system of detailed Federal regulations to achieve a safe and healthy workplace could place a large administrative burden on society.

We need to develop cooperative, less adversarial approaches for improving workplace safety and health. Such approaches should be less burdensome than detailed regulatory programs. At the same time it should be noted that there will probably be situations in which vigorous Federal regulation will be required. Wise policy, capable administration, implementation by knowledgeable professionals and vigilant congressional oversight are required to make such a system work as effectively and efficiently as practicable.

The relationship betwen NIOSH and the regulatory agencies responsible for worker safety and health in the Department of Labor is an important and interesting consideration. There should be a partnership between NIOSH, the Occupational Safety and Health Administration—OSHA—and the Mine Safety and Health Administration—MSHA.

Locating NIOSH headquarters at some distance from OSHA and MSHA could make it more difficult to build and maintain such a partnership. There are certain other obstacles encountered in building and maintaining this partnership. One is the current organizational placement of NIOSH two levels below OSHA and MSHA. This results in differences in grade and rank between individuals in the two organizations.

Another is the seeming reluctance of the higher echelons in the Department of Health and Human Services to become knowledgeable and involved in jobsite health and safety matters. To some extent this reluctance may be because of the many other major health problems competing for the attention of higher echelons.

Another factor is the continued media and public interest in health and safety issues. Media interest, combined with the very real power of industry and organized labor, can quickly generate major controversies which are not usually welcomed by higher echelons in Federal agencies.

In my opinion, the subcommittee would be wise to ask an appropriate, distinguished, independent body to examine and recommend any changes necessary to assure that NIOSH, OSHA, and MSHA work effectively together.

The chairman expressed an interest in the record of stewardship of NIOSH by its parent agency, the Centers of Disease Control. To answer this question, the subcommittee might choose to focus upon some of the more important agency-level functions, including the selection of leadership for NIOSH; provision of adequate facilities for NIOSH; personnel services for NIOSH, including recruitment, training, retention and career development; serving as an effective advocate for NIOSH in the budgetary process; providing a positive framework for relations involving NIOSH with professional and scientific groups; playing a key role in assuring that worker safety and health is given appropriate consideration in the higher echelons of the Department of Health and Human Services; and serving in a supportive role for NIOSH in matters that involve the Assistant Secretary for Health and the Assistant Secretaries responsible for OSHA and MSHA.

The subcommittee, or an appropriate distinguished, independent body, should carefully look into how well these fuctions have been carried out. My own opinion is that the leadership selected for the Institute may well have been professionally competent but that there has been a lack of stability.

If you look at the leadership of our sister institutes in other industrialized countries, you will find much more stability.

In the matter of facilities, it is not clear that NIOSH yet has safe and adequate permanent facilities for its research personnel, despite at least four site-selection studies. Recent transfer of personnel and rumors about the closing of the NIOSH facility in Morgantown illustrate the uncertainties that have concerned NIOSH personnel for several years.

When considering personnel functions, the record of the CDC has been mixed. CDC has been helpful in recruiting physicians into NIOSH and in supporting long-term training for NIOSH employees.

On the other hand, there were always a great many complaints from within NIOSH about the personnel services provided by CDC. These complaints involved civil service designation for industrial hygienists, lengthy delays in personnel actions, grading of research positions, and game playing with personnel ceilings.

One might gain some insight into how effective an advocate CDC has been for NIOSH by talking to those playing important roles in the budgetary process within NIOSH, at CDC, at the Office of the Assistant Secretary for Health and within the responsible appropriations subcommittees of the Congress. My own impression was that the agency felt that congressional advocacy of NIOSH would probably insure needed budgetary support for the Institute and that greater agency efforts were needed to defend other parts of the CDC budget.

The subcommittee might also want to look into whether or not NIOSH funds were more often involved in agency-mandated budgetary adjustments needed to meet unbudgeted agency expenditures than funds from other CDC programs, and whether or not budgetary requisitions or "taps" made by higher echelons were disproportionately laid upon NIOSH. If NIOSH funds were more often involved than funds from other CDC programs, the subcommittee should ascertain why this might have occurred.

The effectiveness of CDC in providing a positive framework for relations with professional and scientific groups could best be evaluated by consulting with those groups. I think one of your other panels will probably comment on this.

This subcommittee, along with other subcommittees of the Congress having oversight responsibility for NIOSH, should themselves have informed opinions about whether or not CDC and higher echelons in the Department of Health and Human Services have devoted sufficient attention to workplace safety and health problems.

The opinions of worker organizations, trade associations, relevant professional societies and individuals who serve or formerly served in OSHA, MSHA, CDC, and the Office of the Assistant Secretary for Health (OSHA), would also be helpful.

In summary, Mr. Chairman, I respectfully suggest that an appropriate distinguished body outside of the executive branch be asked to thoroughly review the mission, organizational placement, structure, programs and performance of NIOSH. This group should also evaluate the stewardship of the Centers for Disease Control.

This concludes my prepared statement,

I will be happy to answer any questions which you or members of the subcommittee may have.

Mr. Gaydos. Dr. Key?

[The prepared statement of Dr. Marcus Key follows:]

Prepared Statement of Marcus M. Key, M.D., Professor of Occupational Medicine, School of Public Health, University of Texas Health Science Center at Houston, Tex.

Mr. Chairman, I appear before the Subcommittee as a former Director of the National Institute for Occupational Safety and Health (NIOSH) to discuss the issues raised in your invitation to testify.

THE PROPER MISSION, ROLE AND RESPONSIBILITIES OF NIOSH

Although NIOSH was created by the Occupational Safety and Health Act of 1970, there has been an occupational health program in the Public Health Service since 1914.

For the United States, the early years of the 20th Century were a time of worker unrest and social concern. Working conditions were miserable and labor cheap. Workers' health was largely ignored, and industrial accidents were regarded as tragic but unavoidable by-products of work.

Out of this period came much needed corrective legislation such as child labor laws, and the various State workers' compensation acts. Also from this period, there developed separate movements in industrial safety and industrial medicine and hygiene. With the advent of the Occuaptional Safety and Health Act of 1970, the two disciplines of occupational safety and occupational health were brought together to protect the worker.

When the idea of a National Institute was conceived by Senator Jacob Javits and other members of the Senate Committee on Labor and Public Welfare, it was expected to be a first class research institute, patterned after one of the National Institutes of Health. Senator Javits wrote:

"The establishment of this institute will elevate the status of occupational safety and health research to place it on an equal footing with research conducted by HEW into other matters of vital social concern, particularly in the health area. Such an institute will be able to attract the qualified personnel necessary to engage in occupational health and safety research if we are to make any real progress in reducing job-related injury and disease under the Act, and will much more easily attract the substantial increase in funding which will be necessary to achieve the purposes of this act."

The mission of the Institute is to develop and establish recommended occupational safety and health standards and to conduct research, training, and related activities as specifically directed in the Occupational Safety and Health Act, the Mine Safety and Health Act of 1977 and those general authorities related to occupational safety and health included in the Public Health Act. It was understood that NIOSH would maintain the traditional Public Health Service policy towards the State agencies and assist them in solving difficult and unusual occuaptional health problems. The mission is to ensure so far as possible that every working man and woman in the United States shall be afforded a safe and healthful working environment and shall be afforded the necesary preventive health care consistent with good industrial medical practice.

The Occupational Safety and Health Act is a very carefully planned piece of legislation which recognizes that protecting the health and safety of the work force is much more than merely setting and enforcing standards. Surveillance is needed to identify problems; research is needed to establish dose-effect relationships which enables NIOSH to recommend standards, and evaluation is needed of the effectiveness of standards and the use of preventive and control mechanisms. The Act also recognizes the need for properly trained occupational safety and health personnel, and makes provisions for training and manpower development. Responsibilities for occupational safety and health research, developing criteria for standards, and assuring an adequate supply of occupational safety and health manpower were given to NIOSH. The Act also requires NIOSH to conduct health hazard evaluations at the request of employers or employees to determine the effects of toxic substances found in the workplace.

THE RELATIONSHIP OF NIOSH TO OSHA AND OTHER AGENCIES

NIOSH cannot advance sound occupational health and safety policies in a vacuum. There must be significant interaction with the other agencies that have a role in conducting research and setting and enforcing standards. These include the following agencies in the Department of Labor: the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA) and the Bureau of Labor Statistics (BLS). They also include the Environmental Protection Agency, the National Cancer Institute and several other Institutes of Health. Throughout the history of NIOSH it has been difficult to establish close working relationships with these other agencies, to achieve consensus on priorities for standard setting and supportive research and to obtain agreement on nationwide monitoring and surveillance systems.

NIOSH also cannot achieve its mission without working cooperatively with labor and management. I believe that the adversary approach to occupational safety and health is time consuming and wasteful of energies. It would be much better if employers and employees could work together in a constructive spirit to solve their problems after the pattern demonstrated in Sweden.

THE RELATIONSHIP BETWEEN INCREASED INDUSTRIAL PRODUCTIVITY AND SAFE AND HEALTHY WORKPLACES

Although it is difficult to cite specific studies relating safe and healthful work places to increased industrial production, there is an obvious relationship here, and NIOSH would do well to sponsor future studies in this area. A work force with ill or injured members is not an effective work force. Many segments of American industry recognized this during World War II, which is when the era of Health Conservation in Occupational Medicine began.

THE RELATIONSHIP OF NIOSH AND CDC

Ever since its inception, there has been a continuing debate as to where NIOSH belongs. Originally it was at the same organizational level as CDC. When it was placed administratively under the new CDC agency in 1973, it was with the understanding that CDC would permit NIOSH to operate semi-independently but would provide those services which NIOSH did not have at a program level. Over the years, I think CDC's stewardship of NIOSH has been beneficial. Certainly, NIOSH's epidemiology has been strengthened, and NIOSH's participation in CDC's Epidemic Intelligence Service program has been very helpful in the recruitment and retention of physicians.

I was, however, quite surprised by the announced move of the NIOSH headquarters to Atlanta. I would be opposed to such a move because I do not believe it furthers the intent of Congress in establishing an institute with a separate identity and mission. I have not seen a cost-benefit study, but it is difficult to imagine how the many interactions with OSHA, MSHA, EPA and the National Institutes of Health can be handled more effectively out of Atlanta. It is also difficult to imagine how this will provide for increased cooperation with labor and management whose representatives are generally based in Washington, not Atlanta.

OTHER RELEVANT ISSUES

I would like to say a few words about NIOSH's future relations with State agencies. As more and more State agencies provide consultative programs under OSHA, I believe it would be useful to have the initial response to requests for health hazard evaluations at the State level. This would permit many more health hazard evaluations to be performed. NIOSH resources could be used to provide back-up and consultation to the States on the more complex evaluations. It would be necessary for NIOSH to continue to monitor the health hazard evaluations and their results, because they provide good information for surveillance and monitoring systems and assist in establishment of priorities and development of criteria for standards.

In closing, I would like to point out that the Occupationsl Safety and Health Act is basically a good Act and has substantially advanced worker protection in health and safety. As the first director of NIOSH, I can remember the high hopes and great expectations we had when the Act was passed. We were proud that occupational safety and health, which had been buffeted about and reorganized repeatedly since 1914, had at last reached Institute status. Ten years later we still have much work ahead of us before we can assure safe and healthful conditions for all working men and women. Continued progress toward that goal will depend on a solid scientific basis for government decision-making and on an adequate supply of professionals trained in occupational safety and health.

Mr. Chairman, I will be pleased to answer any questions you or members of your Committee may have.

STATEMENT OF DR. MARCUS M. KEY, FORMER DIRECTOR, NIOSH

Dr. **Key**. Mr. Chairman, I appear before the subcommittee as a former Director of the National Institute for Occupational Safety and Health, NIOSH, to discuss the issues raised in your invitation to testify.

Although NIOSH was created by the Occupational Safety and Health Act of 1970, there has been an occupational health program in the Public Health Service since 1914. As a matter of fact, it was established in the Pittsburgh Marine Hospital.

For the United States, the early years of the 20th century were a time of worker unrest and social concern. Working conditions were miserable and labor cheap. Workers' health was largely ignored and industrial accidents were regarded as tragic but unavoidable byproducts of work.

Out of this period came much needed corrective legislation, such as child labor laws and the various State workers' compensation acts. Also from this period there developed separate professional movements in industrial safety and industrial medicine and hygiene. With the advent of the Occupational Safety and Health Act of 1970, the two disciplines of occupational safety and occupational health were brought together to protect the worker.

When the idea of a National Institute was conceived by Senator Jacob Javits and other members of the Senate Committee on Labor and Public Welfare, it was expected to be a first-class research institute, patterned after one of the National Institutes of Health.

Senator Javits wrote:

> The establishment of this Institute will elevate the status of occupational safety and health research to place it on an equal footing with the research conducted by HEW into other matters of vital social concern, particularly in the health area. Such an Institute will be able to attract the qualified personnel necessary to engage in occupational health and safety research if we are to make any real progress in reducing job-related injury and disease under the act and will much more easily attract the substantial increase in funding which will be necessary to achieve the purposes of this act.

The mission of the Institute is to develop and establish recommended occupational safety and health standards and to conduct research, training, and related activities as specifically directed in the Occupational Safety and Health Act, the Mine Safety and Health Act of 1977, and those general authorities related to occupational safety and health included in the Public Health Service Act.

It was understood that NIOSH would maintain the traditional Public Health Service policy toward the State agencies and assist them in solving difficult and unusual occupational health problems. The mission is to insure so far as possible that every working man and woman in the United States shall be afforded a safe and healthful working environment and shall be afforded the necessary preventive health care consistent with good industrial medical practice.

The Occupational Safety and Health Act is a very carefully planned piece of legislation which recognizes that protecting the health and safety of the work force is much more than merely setting and enforcing standards. Surveillance is needed to identify problems; research is needed to establish dose-effect relationships which enable NIOSH to recommend standards; and evaluation is needed of the effectiveness of standards and the use of preventive and control mechanisms.

The act also recognizes the need for properly trained occupational safety and health personnel and makes provisions for training and manpower development. Responsibilities for occupational safety and health research, developing criteria for standards, and assuring an adequate supply of occupational safety and health manpower were given to NIOSH. The act also requires NIOSH to conduct health-hazard evaluations at the request of employers or employees to determine the effects of toxic substances found in the workplace.

NIOSH cannot advance sound occupational safety policies in a vacuum. There must be significant interaction with the other agencies that have a role in conducting research and setting and enforcing standards. These include the following agencies in the Department of Labor: The Occupational Safety and Health Administration, OSHA; the Mine Safety and Health Administration, MSHA; and the Bureau of Labor Statistics, BLS.

They also include the Environmental Protection Agency, the National Cancer Institute, and several other institutes of health.

Throughout the history of NIOSH it has been difficult to establish close working relationships with these other agencies, to achieve consensus on priorities for standard-setting and supportive research and to obtain agreement on nationwide monitoring and surveillance systems.

NIOSH also cannot achieve its mission without working cooperatively with labor and management. I believe that the adversary approach to occupational safety and health is time-consuming and wasteful of energies. It would be much better if employers and employees could work together in a constructive spirit to solve their problems after the pattern established in some of the foreign countries, especially Sweden.

Although it is difficult to cite specific studies relating safe and healthful workplaces to increased industrial production, there is an obvious relationship here and NIOSH would do well to sponsor future studies in this area. A work force with ill or injured members is not an effective work force. Many segments of American industry recognized this during World War II, which is when the era of health conservation in occupational medicine began.

As to the relationship of NIOSH and CDC, ever since its inception there has been a continuing debate as to where NIOSH belongs. Originally, it was at the same organizational level as CDC. When it was placed administratively under the new CDC agency in 1973 it was with the understanding that CDC would permit NIOSH to operate semi-independently but would provide those services which NIOSH did not have at a program level.

Over the years, I think, CDC's stewardship of NIOSH has been strengthened and NIOSH's participation in CDC's Epidemic Intelligence Service program has been very helpful in the recruitment and retention of physicians.

I was, however, quite surprised by the announced move of the NIOSH headquarters to Atlanta. I would be opposed to such a move because I do not believe it furthers the intent of Congress in establishing an institute with a separate identity and mission.

I have not seen a cost-benefit study, but it is difficult to imagine how the many interactions with OSHA, MSHA, EPA, and the National Institutes of Health can be handled more effectively out of Atlanta. It is also difficult to imagine how this will provide for increased cooperation with labor and management whose representatives are generally based in Washington, not Atlanta.

I would like to say a few words about NIOSH's future relations with State agencies.

As more and more State agencies provide consultative programs under OSHA, I believe it would be useful to have the initial response to requests for health-hazard evaluation at the State level, particularly in the State health department. This would permit many more health-hazard evaluations to be performed.

NIOSH resources could be used to provide backup and consultation to the States on the more complex evaluations. It would be necessary for NIOSH to continue to monitor the health-hazard evaluations and their results because they provide good information for surveillance and monitoring systems and assist in establishment of priorities and development of criteria for standards.

In closing, I would like to point out that the Occupational Safety and Health Act is basically a good act and has substantially advanced worker protection in health and safety. As the first Director of NIOSH, I can remember the high hopes and great expectations we had when the act was passed. We were proud that occupational safety and health, which had been buffeted about and reorganized repeatedly since 1914, had at last reached institute status.

Ten years later, we still have much work ahead of us before we can assure safe and healthful conditions for all working men and women. Continued progress toward that goal will depend on a solid scientific basis for Government decisionmaking and on an adequate supply of professionals trained in occupational safety and health.

Mr. Chairman, I will be pleased to answer any questions you or members of your committee may have.

Mr. GAYDOS. Thank you.

If I may, at this time I have a communication that I received on August 21. It is addressed to me as chairman of the subcommittee from Dr. Brandt. I am not going to read the whole thing, but he did state in his concluding paragraph, "In a subsequent communication with Dr. Key, I have learned for a fact he does not concur in that decision"—he refers to the statement he made before the committee when he said that Dr. Key had concurred in the proposed move of NIOSH, and that is not true or was misunderstood.

I want the panel and committee members to know that, and for sense of clarity, let the record show that.

Without objection, at this time I will make this communication—identified as of August 21 of this year, addressed to me from Dr. Brandt—a part of the formal proceedings in this hearing.

Without objection, it is so ordered.

[The letter referred to follows:]

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH,
Washington, D.C.

Hon. JOSEPH M. GAYDOS,
Chairman, Subcommittee on Health and Safety,
Committee on Education and Labor,
House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: During the course of your July 28, 1981, oversight hearing on the relocation of the National Institute of Occupational Safety and Health's (NIOSH) headquarters operations, you asked if I had discussed this transfer with any former NIOSH director and, if so, whether that individual or those individuals concurred with my decision. I responded that I had discussed the situation with Dr. Marcus Key, a former Director of NIOSH, and that, in my memory of the conversation, he did not disagree with my decision.

In a subsequent conversation with Dr. Key, I have learned that, in fact, he does not concur in that decision. I regret the confusion about this point and respectfully request that this letter of clarification be added to the hearing record so that there can be no question of Dr. Key's actual position.

Thank you very much.

Sincerely yours,

EDWARD N. BRANDT, Jr., M.D.,
Assistant Secretary for Health.

Mr. GAYDOS. Dr. Corn?

[The prepared statement of Morton Corn follows:]

PREPARED STATEMENT OF MORTON CORN, PH. D., PROFESSOR AND DIVISION DIRECTOR, ENVIRONMENTAL HEALTH ENGINEERING, SCHOOL OF HYGIENE AND PUBLIC HEALTH, THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD.

Members of the Committee: It is my pleasure to appear before you today to present views on the role of the National Institute of Occupational Safety and Health (NIOSH) in carrying out the goals of the Occupational Safety and Health Act of 1970. NIOSH is a much discussed and often maligned agency. During the first ten years of the Occupational Safety and Health Act NIOSH has been as controversial and as great a focus of public attention as its regulatory counterpart, the Occupational Safety and Health Administration (OSHA). My remarks initially recall the plans for NIOSH as embodied in the Act. Then I will focus on some of the accomplishments of NIOSH, as perceived by one who serves as a University educator and practitioner in the field of Industrial Hygiene and Safety Sciences. Some of my comments are also based on experiences related to service as Assistant Secretary for OSHA during the latter part of the Ford Administration.

MISSION OF NIOSH

The mission of NIOSH is clearly stated in the Act and its legislative history. It is to perform research to provide a basis for sound regulation. It is to engage in training activities to ensure adequate professional resources to implement the goals of the act. It was not intended that it be a workers advocacy agency or that it fight the battles of safety and health in the public arena. The battles of research are fought in the pages of peer review journals and at professional meetings. We have other research institutes of health in the U.S. which can serve as models for NIOSH. NIOSH can best advance the cause of occupational safety and health in the U.S. by creating the image and the reality of an objective arbiter of the facts relating to issues and the sober, but prudent provider of scientific and technical theories and hypotheses based on limited data. NIOSH was never conceived by the Congress to be a policy making organization. It has attempted to serve in that role since 1973, particularly since 1977. In so doing, it has confused its professional clientele, the Congress and those it serves, namely labor and management who together must make safety and health programs in industry work. Let us hope that NIOSH will, after almost a decade, settle into the accepted role of a national institute of health.

NATIONAL PRODUCTIVITY AND OCCUPATIONAL SAFETY AND HEALTH

The Reagan Administration has stated its commitment to advancing occupational safety and health, while reducing the so called heavy hand of federal regulation. If this approach is to succeed, the NIOSH must both assure 1) the flow of research findings relevant to the clarification of effects of occupational factors and agents on health, and 2) an abundant supply of competent professionals to assist the private sector in accomplishing these goals. Each year OSHA inspects fewer than 2 percent of the workplaces covered by the Act. The real job of improving health and safety at work falls to health and safety professionals, management and the labor force. This year we are investing approximately sixty-five million dollars in NIOSH and two hundred million dollars in OSHA, for a total of approximately two hundred and seventy million dollars at the Federal level. If Chief Economic Advisor Weidenbaum's figures are reliable, the investment in government regulatory effort is multipled ten-fold in the private sector. Therefore, approximately two billion dollars is being spent by the private sector for safety and health controls stimulated by government regulatory activity. The toll in human life and suffering from workplace injury and diseases is many times this dollar figure per year. I will not dazzle this committee with figures for the translation of lives and accidents into dollars, or the disease state curtailment of life time earnings, or the burden to society of diseased and injured members of our work force. Suffice it to say that every study I have read would place the cost to the nation of workplace injury and disease far beyond the two billion dollars per year estimated to be spent by the private sector in complying with OSHA regulatory activity.

In general, we are better off with respect to health than we have ever been in this nation. Life expectancy has increased and the quality of life for most of us is better. It behooves us as a society to devise preventive medical measures that will further improve life. Many of those preventive measures can be fostered in the workplace. The breadwinner is in the workplace. Through him/her we can extend preventive measures to the family. Thus, I am not only advocating improvement of the workplace for improvement of the health and longevity of the worker, but suggesting we use the workplace and this captive audience of workers as a mechanism to teach the family nutrition, exercise, alcohol usage, drug usage etc. All of these "quality of living" factors are being stressed by this Administration to improve the health of the nation. What better way to do this then by stressing preventive medicine in the workplace?

NIOSH AND OSHA RESPONSIBILITIES

The Act envisioned NIOSH as the generator of information that would permit OSHA to do a better job. NIOSH was to perform research, write criteria documents, and do field work. It was to utilize the resources at its disposal to clarify and increase the pool of information available to OSHA in its promulgation and enforcement of standards. NIOSH must obviously work with and not against OSHA. However, in the past ten years of activity under this Act the two agencies have often been at odds. There has been very little cooperation. This must change.

One cannot program research to meet the regulatory agenda of OSHA. The most important research to be performed cuts across many of the specific items on OSHA's regulatory agenda. But insights into the needed research topics can best be gained through exchange between OSHA and NIOSH staff. There is a need for a close working relationship between the agencies, but NIOSH cannot be pulled and jogged in an attempt to have it fulfill the short term needs of the regulator. We must literally fill the almost empty barrel of basic knowledge related to our implementation of health and safety programs in this country. So many of our practices have endured because we have insufficient understanding needed to institute new ones. So many of the tenets we teach are weakly based. So much of the traditional knowledge is ready for updating. For example, I am personally involved in the recirculation of exhaust air in two facilities handling toxic materials. This procedure was literally forbidden in the Commonwealth of Pennsylvania and in many other states before passage of the OSH Act. It was forbidden because we did not have the technology to insure that contaminated air that was cleaned and then reentered the plant would be hygienic. Today we have continuous air line monitors which can monitor and assure us that the contaminant is not present in the recirculated stream. This technology is available for many contaminants. We are also building duplicate collection system; when the alarm rings, indicating the system is not performing, the waste air stream is diverted to a second standby system. The systems that I am referring to are being used with particulate airborne lead. Another system is being examined for Mercury contamination. There is absolutely no reason not to use these systems today. They work and they conserve energy. There are many other examples of technology which can completely alter our views of how to proceed in this field.

Let me now turn more specifically to research and training activities of NIOSH to date.

RESEARCH ACTIVITIES

The research and related activities of NIOSH are treated in Section 20 of the Act. Some of the authorizations given to the Secretary of HEW have been implemented and others have not. For example, Section 20(a)(1) indicates that "the Secretary of HEW . . . with other appropriate Federal departments or agencies, shall conduct research experiments and demonstrations relating to Occupational Safety and Health, including studies of psychological factors involved and relating to innovative methods, techniques, and approaches for dealing with Occupational Safety and Health problems." NIOSH has performed very little research that is innovative, and it has sponsored little in the way of demonstration projects that would prove the feasibility of research findings. Indeed, we must dwell for a moment on the relatively lacklustre performance of research sponsored by NIOSH. In general, there are two types of research involvement. One type involves chipping away at conceptual frameworks, often in subject areas that have been around for a long time, but which require further sorting out and often complete redirection. NIOSH does precious little of this type of research within its own walls, or through the mechanism of sponsorship. NIOSH has tended to focus on bits and pieces of research which will facilitate implementation of current, recognized problems in the field. Another way of stating this focus is that there has been no long view in the program of NIOSH research, presumably stemming from both NIOSH and CDC management of the agency research program.

NIOSH does have a grants program and a Grants Review Committee. I have been unimpressed with the credentials of the majority of those selected for this committee and am also disappointed with the projects that have been sponsored. They have, in general, been short term porjects without sustained funding to enable the investigator to attack long range problems that cut across more than one specific problem of occupational safety and health. For example, NIOSH will fund projects to improve a method of sampling for a particular contaminant or to look into a particular control technique for a particular process. In contrast, a small pool of research funds could be used to look into the conceptual basis of engineering controls in the work place, with the aim of devising new approaches to control that will totally revolutionize controls now in usage, controls which, for the most part, are fifty years old.

I believe the major repository of research expertise in this country is our university graduate schools. Research by private contractors is often done on the run; it is also performed at a very high price. It is not uncommon for contractors to NIOSH (and to other agencies) to win an award based on superbly packaged submissions and to then call Universities to garner faculty time to implement the project. NIOSH has awarded a large proportion of its funds to contractors to the government, so called "beltway bandits." The payoffs from these contracts has been a large pile of reports published with NIOSH covers, without peer review, the majority of which never see publication in peer reviewed journals. Research which is not reviewed by peers is, in my opinion, of questionable value. As a mechanism to ensure research integrity and quality, the peer reivew process for publication has not been excelled. NIOSH should use this measure of research output. Two bookcase shelves full of NIOSH reports are before me as I write these remarks. Most of them I have scanned, few are worth reading.

How does one inject imagination, daring and knowledge into a research program? This must come from good researchers, carefully selected, and by the sponsor laying on procedures that will insure such productivity. It has been my pleasure to serve as a member of a Health Effects Research Review Committee for the EPA. A report was issued which led to the establishment of the grants program of the EPA and institution of peer review, as well as many other checks and balances, which hopefully will improve the research of that agency. Improved procedures for managing research are also needed at NIOSH. A central thread for any configuration of activities should be strong linkages with the nations universities and their researchers.

In Section 20(a)(3) of the Act the Secretary is authorized to develop creiteria dealing with expoeure to agents at work. NIOSH has put an inordinate amount of money into criteria documents development, supposedly to support OSHA standards setting. In 1975-77 at OSHA we were very disappointed with these documents. They are citational reviews; that is, reviews of who did what and when, but they are not critical reviews. The latter stress the weaknesses and strengths of the work reviewed. These documents now cost about $250,000 each. They could be written by a superior graduate student for perhaps $30,000 to cover the literature search, labor and secretarial costs. Most of these contracts are awarded to private consulting firms. The output is disappointing, to say the least.

NIOSH is only beginning to explore the development of new technology under Section 20(a)(4) of the Act. The engineering office NIOSH has examined recirculation of initially contaminated, cleaned exhaust air and is investigating control techniques applicable to specific industries. Once again, I appeal to NIOSH to research control technique development, in general, rather than attempt to find short term solutions for specific industries. The specific industry can transform results to their needs. In contrast to research sponsorship, NIOSH has excelled with respect to Sections 20(a)(5) and 20(a)(6) of the Act, which direct the Secretary of HEW to develop needed information regarding potentially toxic substances; he may prescribe programs for handling such substances. The Health Hazard Evaluation efforts of NIOSH can be considered to fall under this activity, as could the periodic issuances of health hazard alerts of the agency. These are good programs and should be continued and emphasized. The listing of all known toxic substances was performed under Section 20(a)(6); it has filled a great need. These activities can be thought of as very applied research and problem solving.

I have been critical of the research activities of the agency. However, one must not forget that the funds allocated to carry our these functions have been small when viewed against the magnitude of the problems. One should certainly be compelled to use what is available in the most efficient manner. But even if that had been done, the research problems in occupational safety and health in this country would not have been dented by the funds allocated for NIOSH research to date.

TRAINING ACTIVITIES

Under Section 21 of the Act, NIOSH has supported training programs in four key professional areas related to occupational safety and health, namely occupational medicine, industrial hygiene, safety sciences and nursing. It has also sponsored some training support for allied disciplines such as toxicology, epidemiology, and biostatistics. In 1977 NIOSH initiated twelve Educational Resource Centers, which were awarded to universities for training in the four core areas cited above, on the basis of competitive evaluation of applications submitted and site visits to the parent institutions. It was my privilege during the summer of 1980 to act as Chairman of one of three NIOSH evaluative committees, each of which visited four ERC's. The ERC's are distributed geographically throughout the country. Let me briefly discuss the lessons learned from the ERC's startup since 1977.

The ERC's are without question the most innovative and major contribution made by NIOSH since its inception. Many mistakingly think that professional aspects of occupational safety and health are common sense and easily acquired; they are not. It is complex field of endeavor. The conceptual basis of the field is untidy; it has technical and behavioral ingredients. If one overlays these complexities with the relevant social and political factors, it becomes a very difficult field in which to accomplish anything. Training in the core areas of medicine, hygiene, safety and nursing has lagged in the United States. Schools training and educating these professional have cycled with the economic largesse of the federal government. The demand for professionals created by the Occupational Safety and Health Act brought many newcomers into the field, many with very poor educational background for the responsibilities they had to bear. The NIOSH ERC's were aimed at concentrating the resources of training in this field. Practitioners know that team work amongst the core discipline specialists is necessary to achieve solutions to field problems. Therefore, ERC's were designed to bring together all of these educational elements, to be characterized by exchange of views and skills not only in the classroom, but also in the research laboratory and in the field.

Our evaluation committee recognized that there were different degrees of institutional accomplishment during the first three years of ERC funding. Some institutions had done a superb job of establishing the core discipline programs and were well on the road to providing mature educational programs in a vigorous, exciting University educational climate. Other departments and divisions of the University were displaying interest in the subject area; there was multipication of research projects, and community focus in the ERC. Continuing education was also thriving. In a few of the institutions the startup was very difficult and awkward; indeed, it might even be questioned if some of them could ultimatley succeed in the ERC effort. In the evaluators opinions at least two-thirds of the ERC's were going to make it. They would have different profiles of strengths and weaknesses because the latter are dependent on the individual institution faculty and local emphasis, but they were going to be valuable resources to the nation because they would continue to be a regional center for the education and training of specialists in this field. We will see achievement in this field only to the degree that we develop such experts.

The current administration is opposed to educational training grants. In the field of occupational safety and health it should be recognized that without assistance to the universities (and roughly two-thirds of the current NIOSH assistance is for student support), we will simply not have the educated and trained professionals needed to move this field forward.

When I was at OSHA I initiated an agency training program for Industrial Hygienists—a three-year program—because we could not hire qualified hygienists. There are substantial shortages of personnel in occupational medicine, hygiene, safety and nursing, all of which have been documents by NIOSH. It would be short sighted to curtail the educational resource center concept after five years of startup. The presence of trained professionals in this field will bring about efficient and workable solutions. The presence of untrained professionals will result in wastage, a large number of unsatisfactory solutions and a corresponding negative impact on worker health and safety.

The educational resource centers are also serving as a focus for research. University professors who teach also perform research in their specialities. The next step for NIOSH is to link research activities with educational resource center training and education activities. If NIOSH is successful, there will be at least 10 major foci of occupational safety and health training, education and research in the United States.

In summary and as one would expect, NIOSH has done some things well and others not so well during its brief history. It deserves a passing grade and opportunity to grow to maturity. The need for its activities is as great today as it was in 1970, if not greater, because the workforce is larger and worker expectations are higher. I wish NIOSH increased success in its second decade and know I speak for countless other safety and health professionals when saying we will work to make NIOSH more effective.

STATEMENT OF DR. MORTON CORN, FORMER ASSISTANT SECRETARY OF LABOR FOR NIOSH

Dr. **Corn**. Mr. Chairman and members of the committee, it is my pleasure to appear before you today to present views on the role of the National Institute for Occupational Safety and Health, NIOSH, in carrying out the goals of the Occupational Safety and Health Act of 1970.

NIOSH is a much-discussed and often-maligned agency. During the first 10 years of the Occupational Safety and Health Act, NIOSH has been as controversial and as great a focus of public attention as its regulatory counterpart, the Occupational Safety and Health Administration, OSHA.

Mr. **Gaydos**. Doctor, may I interrupt you? Dr. Key had mentioned the marine hospital in Pittsburgh. You are from Pittsburgh?

Dr. **Corn**. That is correct, originally.

Mr. **Gaydos**. Where was that hospital located?

STATEMENT OF DR. MERLE BUNDY, DIRECTOR OF INDUSTRIAL MEDICINE, UNITED STATES STEEL CORP.

Dr. **Bundy**. Fortieth Street and Pennsylvania Avenue.

Mr. **Gaydos**. Is it still there?

Dr. **Bundy**. It is not in operation now.

Mr. **Gaydos**. Let the record show Dr. Bundy is from the Pittsburgh area.

If you will forgive me, Dr. Corn. You may proceed.

Dr. Corn. My remarks initially recall the plans for NIOSH as embodied in the act. Then I will focus on some of the accomplishments of NIOSH as perceived by one who serves as a university educator and practitioner in the field of industrial hygiene and safety sciences. Some of my comments are also based on experiences related to service as Assistant Secretary for OSHA during the latter part of the Ford administration.

The mission of NIOSH is clearly stated in the act and its legislative history: It is to perform research to provide a basis for sound regulation; it is to engage in training activities to insure adequate professional resources to implement the goals of the act; it was not intended that it be a workers' advocacy agency or that it fight the battles of safety and health in the public arena. The battles of research are fought in the pages of peer-review journals and at professional meetings.

We have other research institutes of health in the United States which can serve as models for NIOSH. NIOSH can best advance the cause of occupational safety and health in the United States by creating the image and the reality of an objective arbiter of the facts relating to issues, and the sober but prudent provider of scientific and technical theories and hypotheses based on limited data.

NIOSH was never conceived by the Congress to be a policymaking organization; it has attempted to serve in that role since 1973, particularly since 1977. In so doing, it has confused its professional clientele, the Congress and those it serves; namely; labor and management, who together must make safety and health programs in industry work. Let us hope that NIOSH will, after almost a decade, settle into the accepted role of a national institute of health.

The Reagan administration has stated its commitment to advancing occupational safety and health, while reducing the so-called heavy hand of Federal regulation. If this approach is to succeed, then NIOSH must both assure (1) the flow of research findings relevant to the clarification of effects of occupational factors and agents on health and (2) an abundant supply of competent professionals to assist the private sector in accomplishing these goals.

Each year OSHA inspects fewer than 2 percent of the workplaces covered by the act. The real job of improving health and safety at work falls to health and safety professionals, management and the labor force, and not to OSHA.

This year we are investing approximately $65 million in NIOSH and $200 million in OSHA, for a total of approximately $270 million at the Federal level. If Chief Economic Adviser Weidenbaum's figures are reliable, the investment in Government regulatory effort is multiplied tenfold in the private sector. Therefore, approximately $2 billion is being spent by the private sector for safety and health controls stimulated by Government regulatory activity this year.

The toll in human life and suffering from workplace injury and diseases is many times this dollar figure per year. I will not dazzle this committee with figures for the translation of lives and accidents into dollars, or the disease-state curtailment of lifetime earnings, or the burden to society of diseased and injured members of our work force.

Suffice it to say that every study I have read would place the cost to the Nation of workplace injury and disease far beyond the $2 billion per year estimated to be spent by the private sector in complying with OSHA regulatory activity.

In general, we are better off with respect to health than we have ever been in this Nation, but the workplace is the opportunity to focus on the so-called factors of living that this administration is focusing on. Therefore, my plea is not only that NIOSH could be an instrument of an improved workplace, but also that NIOSH provides the captive audience of a work force to teach the subjects of family nutrition, exercise, alcohol usage, drug usage, and so forth.

As to NIOSH and OSHA responsibilities, the act envisioned NIOSH as the generator of information that would permit OSHA to do a better job. NIOSH was to perform research, write criteria documents and do field work; it was to utilize the resources at its disposal to clarify and increase the pool of information available to OSHA in its promulgation and enforcement of standards.

NIOSH must obviously work with and not against OSHA; however, in the past 10 years of activity under this Act, the two agencies have often been at odds; there has been very little cooperation. This must change.

One cannot program research to meet the regulatory agenda of OSHA. The most important research to be performed cuts across many of the specific items on OSHA's regulatory agenda, but insights into the needed research topics can best be gained through exchange between OSHA and NIOSH staffs. There is a need for a close working relationship between the agencies, but NIOSH cannot be pulled and jogged in an attempt to have it fulfill the short-term needs of the regulator.

We must literally fill the almost empty barrel of basic knowledge related to our implementation of health and safety programs in this country. So many of our practices have endured because we have insufficient understanding needed to institute new ones. So many of the tenets we teach are weakly based. So much of the traditional knowledge is ready for updating, illustrated by an example of procedures started by NIOSH but not completed; namely, recirculation of contaminated air in industry.

Before 1970 you could not recirculate contaminated air in the Commonwealth of Pennsylvania, no matter what you did with it; you threw it out. With the energy crunch of 1973 and with the technology that is now available, we can clean contaminated air; we can continuously monitor it; we can build standby systems, should the system fail, and we can gain a large amount of money in savings due to non-air-conditioning and nonheating.

These are the types of rethinking in this field that we must go through.

The research and related activities of NIOSH are treated in section 20 of the act. Some of the authorizations given to the Secretary of HEW have been implemented and others have not. For example, section 20(a)(1) indicates that, "the Secretary of HEW . . . with other appropriate Federal departments or agencies, shall conduct research experiments and demonstrations relating to occupational safety and health, including studies of psychological factors involved and relating to innovative methods, techniques and approaches for dealing with occupational safety and health problems."

NIOSH has performed very little research that is innovative and it has sponsored little in the way of demonstration projects that would prove the feasibility of research findings. Indeed, we must dwell for a moment on the relatively lackluster performance of research sponsored by NIOSH.

In general, there are two types of research involvement. One type involves chipping away at conceptual frameworks, often in subject areas that have been around for a long time but which require further sorting out and often complete redirection. NIOSH does precious little of this type of research within its own walls or through the mechanism of sponsorship.

NIOSH has tended to focus on bits and pieces of research which will facilitate implementation of current, recognized problems in the field. Another way of stating this focus is that there has been no long view in the program of NIOSH research, presumably stemming from both NIOSH and CDC management of the agency research program.

NIOSH does have a grants program and a grants review committee. I have been unimpressed with the credentials of the majority of those selected for this committee and am also disappointed with the projects that have been sponsored. This is fertile ground for oversight.

I believe the major repository of research expertise in this country is our university graduate schools. Research by private contractors is often done on the run; it is also performed at a very high price. It is not uncommon for contractors to NIOSH—and to other agencies—to win an award based on superbly packaged submissions and to then call universities to garner faculty time to implement the project.

NIOSH has awarded a large proportion of its funds to contractors to the Government—and it is not my term—so-called beltway bandits. The payoff from these contracts has been a large pile of reports published with NIOSH covers, without peer review, the majority of which never see publication in peer-reviewed journals. Research which is not reviewed by peers is, in my opinion, of questionable value.

As a mechanism to insure research integrity and quality, the peer-review process for publication has not been excelled. NIOSH should use this measure of research output. Two bookcase shelves full of NIOSH reports are before me as I write these remarks. Most of them I have scanned; few are worth reading.

How does one inject imagination, daring and knowledge into a research program? This must come from good researchers, carefully selected, and by the sponsor laying on procedures that will insure such productivity.

It has been my pleasure to serve as a member of a Health Effects Research Review Committee for the EPA. A report was issued which led to the establishment of the grants program of the EPA and the institution of peer review, as well as many other checks and balances, which hopefully will improve the research of that agency.

Improved procedures for managing research are also needed at NIOSH. A central thread for any configuration of activities should be strong linkages with the Nation's universities and their researchers.

In section 20(a)(3) of the act, the Secretary is authorized to develop criteria dealing with exposure to agents at work. NIOSH has put an inordinate amount of money into criteria-documents development, supposedly to support OSHA standards-setting. In 1975-77 at OSHA we were very disappointed with these documents. They are citational reviews; that is, reviews of who did what and when, but they are not critical reviews. The latter stress the weaknesses and strengths of the work reviewed.

These documents now cost about $250,000 each. They could be written by a superior graduate student for perhaps $30,000 to cover the literature search, labor, and secretarial costs. Most of these contracts are awarded to private consulting firms. The output is disappointing, to say the least.

NIOSH is only beginning to explore the development of new technology under section 20(a)(4) of the act. The Engineering Office of NIOSH has examined recirculation of initially contaminated, cleaned exhaust air, and is investigating control techniques applicable to specific industries.

Once again, I appeal to NIOSH to research control technique development in general, rather than attempt to find short-term solutions for specific industries. The specific industry can transform results to their needs.

In contrast to research sponsorship, NIOSH has excelled with respect to sections 20(a)(5) and 20(a)(6) of the act which direct the Secretary of HEW to develop needed information regarding potentially toxic substances. He may prescribe programs for handling such substances.

The health-hazard efforts of NIOSH can be considered to fall under this activity, as could the periodic issuances of health-hazard alerts of the agency. These are good programs and should be continued and emphasized. The listing of all known toxic substances was performed under section 20(a)(6); it has filled a great need. These activities can be thought of as very applied research and problem solving.

I have been critical of the research activities of the agency; however, one must not forget that the funds allocated to carry out these functions have been small when viewed against the magnitude of the problems. One should certainly be compelled to use what is available in the most efficient manner; but even if that had been done, the research problems in occupational safety and health in this country would not have been dented by the funds allocated for NIOSH research to date.

Under section 21 of the act, NIOSH has supported training programs in four key professional areas related to occupational safety and health; namely, occupational medicine, industrial hygiene, safety sciences, and nursing. It has also sponsored some training support for allied disciplines such as toxicology, epidemiology and biostatistics.

In 1977, NIOSH initiated 12 educational resource centers which were awarded to universities for training in the 4 core areas cited above, on the basis of competitive evaluation of applications submitted and site visits to the parent institutions. It was my privilege during the summer of 1980 to act as chairman of one of three NIOSH evaluative committees, each of which visited four ERC's. The ERC's are distributed geographically throughout the country. Let me briefly discuss the lessons learned from the ERC's startup since 1977:

The ERC's are without question the most innovative and major contribution made by NIOSH since its inception. Many mistakingly think that professional aspects of occupational safety and health are commonsense and easily acquired; they are not. It is a complex field of endeavor. The conceptual basis of the field is untidy; it has technical and behavioral ingredients. If one overlays these complexities with the relevant social and political factors, it becomes a very difficult field in which to accomplish anything.

Training in the core areas of medicine, hygiene, safety, and nursing has lagged in the United States. Schools training and educating these professionals have cycled with the economic largesse of the Federal Government. The demand for professionals created by the Occupational Safety and Health Act brought many newcomers into the field, many with very poor educational background for the responsibilities they had to bear. The NIOSH ERC's were aimed at concentrating the resources of training in this field. Practitioners know that teamwork amongst the core discipline specialists is necessary to achieve solutions to field problems; therefore, ERC's were designed to bring together all of these educational elements, to be characterized by exchange of views and skills not only in the classroom but also in the research laboratory and in the field.

Our evaluation committee recognized that there were different degrees of institutional accomplishment during the first 3 years of ERC funding. Some institutions had done a superb job of establishing the core discipline programs and were well on the road to providing mature educational programs in a vigorous, exciting university educational climate.

Other departments and divisions of the university were displaying interest in the subject area. There was a multiplication of research projects and community focus in the ERC. Continuing education was also thriving. In a few of the institutions the startup was very difficult and awkward; indeed, it might even be questioned if some of them could ultimately succeed in the ERC effort.

In the evaluators' opinions, at least two-thirds of the ERC's were going to make it. They would have different profiles of strengths and weaknesses because the latter are dependent on the individual institution faculty and local emphasis, but they were going to be valuable resources to the Nation because they would continue to be a regional center for the education and training of specialists and experts in this field. We will see achievement in this field only to the degree that we develop such experts.

The current administration is opposed to educationl training grants. In the field of occupational safety and health, it should be recognized that without assistance to the universities—and roughly two-thirds of the current NIOSH assistance is for student support—we will simply not have the educated and trained professionals needed to move this field forward.

When I was at OSHA I initiated an agency training program for industrial hygienists, a 3-year program, because we could not hire qualified hygienists. There are substantial shortages of personnel in occupational medicine, hygiene, safety, and nursing, all of which have been documented by NIOSH.

It would be shortsighted to curtail the educational resource center concept after 5 years of startup. The presence of trained professionals in this field will bring about efficient and workable solutions. The presence of untrained professionals will result in wastage, a large number of unsatisfactory solutions, and a corresponding negative impact on worker health and safety.

The educational resource centers are also serving as a focus for research. University professors who teach also perform research in their specialties. The next step for NIOSH is to link research activities with educational resource center training and educational activities. If NIOSH is successful, there will be at least 10 major foci of occupational safety and health training, education, and research in the United States.

In summary and as one would expect, NIOSH has done some things well and others not so well during its brief history. It deserves a passing grade and opportunity to grow to maturity. The need for its activities is as great today as it was in 1970, if not greater, because the work force is larger and worker expectations are higher.

I wish NIOSH increased success in its second decade, and I know I speak for countless other safety and health professionals when saying we will work to make NIOSH more effective.

Thank you, Mr. Chairman.

Mr. GAYDOS. I want to thank the panel.

At this time I will call on my colleague from North Carolina, Mr. Johnston, for any questions.

Mr. JOHNSTON. Dr. Corn, I find your testimony extremely exciting because I find it extremely candid. I think we have rarely heard such quality testimony here. It is obvious that you have given a good deal of thought about this.

You mentioned reports that have been filed and that you had scanned many of them and found them rarely worth reading. Was it the subject matter of the reports that you found irrelevant, or the quality of the research connected with the reports that you found irrelevant?

Dr. CORN. The majority of the reports I referred to were not research reports. In the case of the research reports, I would have to say the quality was the problem, because NIOSH put covers on them and issued them; they did not subject them to review.

In the case of the criteria documents and state-of-the-art works which NIOSH sponsors they tend to be citational. It is extremely important to understand that difference. A citational review states, "X did this; Y did that; in 1976 Z did this." That is not what I and other professionals need. We need experts in the field to take that apart, to unravel the threads of weaknesses and strengths, and to say, "This part of the work was poor; this part of the work was strong."

I tried to illustrate that approach with the statement I made here today. I think it would be a mistake to come to this hearing and to applaud all the activities of this agency in our professional endeavors. NIOSH programs exhibit strengths and weaknesses. NIOSH must do more of this type of critical review. At OSHA when we received documents from NIOSH we considered them the first step forward. We had to start the critical review.

A critical review is difficult. A critical review is putting yourself on the line. It is reaching conclusions; it is stating what the next step is; it is controversial; it is not controversial to state who did what and when. I think that is the change in thinking that I would welcome in NIOSH documents.

Mr. JOHNSTON. Dr. Corn, I have not been in Washington too long, but from my little bit of exposure to the bureaucracy, I have come to the inescapable conclusion that it is not comprised of the great minds of the Western World. Do you really think a bureaucracy such as NIOSH is ever going to be able to attract the kinds of minds that the academic research institutions such as your own Johns Hopkins is able to attract?

Dr. CORN. I think you will attract some such people in government. I met them in this Government; there are some there. They are not in overwhelming numbers. Don't play down the quality of the work the Government people are capable of doing. However, the marriage of Government to the persons in the private sector is critical. Government is spending a fortune, with money going outside Government. I raised the point of where is it going and what is the quality it is getting in return. That quality varies with agencies.

There is an analogy in going to consulting firms, and I am involved with people who often go. Consulting firms have a spectrum of professional quality, from weak to strong people. They know the individual who walks in the door and they tune the service to who walks in the door. If they know you demand quality, they are not going to try to assign their personnel who are weak, because they are going to lose the account. But certain accounts always get poor quality.

I think agencies must establish in the marketplace what they will demand and whom they will deal with. We talk of the stable of researchers tied to agencies; that is jargon in the academic community. Every agency has its stable. Certain good researchers are in the stable of certain agencies. Certain agencies don't have any of them. Now, that comes about through a way of dealing with the private sector.

Mr. JOHNSTON. Which category does NIOSH fall in?

Dr. CORN. I don't think NIOSH has much of a stable and it has to develop it.

Mr. JOHNSTON. I am wondering, Dr. Corn—my own particular interest lies particularly in the area of the possible carcinogenic effects of tobacco and the question of cotton dust as a byssinosis contributor—the industries involved in both those issues have seen fit to commission some very, very capable research or certainly recognized research institutions in order to come out with definitive answers to some of the questions.

Don't you think perhaps that the commissioning of these research studies could best be authorized and evaluated and followed up in some sort of conjunctive effort with the industry involved?

Let us take, for example, asbestos and NIOSH, where perhaps if the industry were paying for it could we jointly look into the validity of the studies and quality of the personnel commissioning it more readily?

Dr. **Corn**. The partnership of the private sector and the Government in sponsoring research would be absolutely beautiful. I think the tendency of the private sector to counteract what they believe may be weak public sector findings by supporting their own study is a duplication of effort. If we could initiate their getting together at the beginning with cooperative agreement on the study to be undertaken, it would be beautiful, with perhaps not all one-sided contribution of funds, but sharing of funds.

We have not succeeded in doing that due to the adversarial nature of this field, as mentioned by the two previous speakers. I concur; we must somehow get rid of that. Government can facilitate that, not the agency but more senior levels of Government, can facilitate that process and in particular your level of Government.

Mr. **Johnston**. Dr. Corn, what nation, in your opinion, has done the best job of providing for worker safety at the lowest possible or the most efficient cost? Let us put it that way.

Dr. **Corn**. I can't answer that question. The figures on the dollar cost are so weak that it cannot be answered in that manner. The question of what nation seems to be perking along with programs that are accepted, usually brings us to the Scandanavian nations. There is a superb book recently published that I would recommend on the subject. I was privileged to review the book for a publication. It is by a man named Kelman, who is now at the Howard University Kennedy School of Government. It is called "Regulating America, Regulating Sweden" [MIT Press]. It is on safety and health regulation in Sweden and America.

Kelman spent time in Sweden and analyzes the approach they use, and the approach we use in this country. It is a stimulating and fascinating book. You must remember the social traditions are different in Sweden. He points to the fact that their history is one of more consensus and acquiescence. This country grew from the frontier spirit and moved westward. We are combative; we have been suspicious of government; there is more of an acceptance of government in Sweden.

Taking all of that into account, the book, which is not a long book, is a fascinating book, as to how different nations get on in the field we are talking about. Sweden is looked at as one of the nations that seems to come together pretty well; and it dissects that. Some of the other nations, I would say, are behind us in concept, and also lag in implementation.

Mr. **Johnston**. I think Sweden probably would be a pretty difficult act to follow, being that its economic system is not exactly predicated on our own. Among the industrialized nations that pursue, shall we say, the free enterprise concept, whom would you regard as exceptional?

Dr. **Corn**. I am really not qualified to answer. I have only bits and pieces of all these nations' activities and have never been privileged to see an overview. So I can't speak to that. I know there are programs in all of them, but I really could not address the quality of the coverage of these programs.

Mr. JOHNSTON. Dr. Key or Dr. Finklea, do you have an opinion on any nation that is doing an exceptional job?

Dr. FINKLEA. I join Dr. Corn in saying that the research programs in Scandinavian countries seem to get effective information for perhaps less input in terms of personnel and funds. I think they do a good job in research.

In terms of the systems involved, I think maybe the system set up by Bismarck in the Federal Republic of Germany involving management and labor in dealing with standards and workplace rules is much less adversarial and much more cooperative than our own system. I would think that the research program in the Federal Republic is not as far advanced as research programs in the Scandinavian countries.

I, too, am unaware of cost-effectiveness data for any of these programs.

Mr. JOHNSTON. But the implementation you regard as perhaps more effective in Western Germany and perhaps research in the Scandinavian countries?

Dr. FINKLEA. Yes, generally, but I don't think we have an exhaustive study comparing the institutes in all these countries—I think we do need such a study.

Mr. JOHNSTON. Forgetting the cost, you are satisfied with the system in Germany?

Dr. FINKLEA. It is less adversarial and seems to involve management and labor in solving their own problems. In the rare cases where that does not and the Federal Government steps in.

Mr. GAYDOS. The gentleman from Colorado, Mr. Kogovsek.

Mr. KOGOVSEK. Thank you, Mr. Chairman.

Mr. Chairman, I have questions for Dr. Key and Dr. Finklea.

Dr. Key, in your tenure as NIOSH Director, how did you determine your priorities?

Dr. KEY. We realized that we had to get together with OSHA for priorities for long-term research. It is almost impossible to be marching to the same step on short term. OSHA can't wait to get research information. We set up a priority system based on several parameters: Number of workers affected, the amount of the chemical or other agent that was being used, some judgment as to whether the toxicity was small or great. They were very, very rough measures but at least we had a priority system we could defend. We tried to get it reviewed by OSHA and occasionally they would review it and make some adjustment in the long-term research.

I think it would be very beneficial for the Office of Management and Budget today to attempt to get some signoffs, some consensus, among OSHA, MSHA, and NIOSH as to what NIOSH's long-term research should consist of.

Mr. KOGOVSEK. How about you, Dr. Finklea?

Dr. FINKLEA. I followed Dr. Key and had the advantage of working with systems he had set up. We tried to assure that some of the research, maybe 60 percent, would directly apply to the development of our recommendations for standards that would eventually go to the Department of Labor. In trying to do that, you also have to deal with the talents, capabilities, and interests of your own intramural research personnel. We also tried to strengthen the peer review mechanism for the research projects and tried to establish a system whereby management and labor had to meet with Government personnel before the research projects got started. They also review the results of those research projects.

So, you will have to judge those systems have worked over a period of several years. I would like some other people to comment on how well these peer review systems have worked. We had to deal with limited resources and establish how much of those resources would be assigned to service programs such as the health-hazard evaluation program. That program, as Dr. Key has mentioned, is one which has grown. I think the Federal Government in that program is in effect trying to fill a gap left when so many State occupational health programs went out of business. One of the things that might strengthen Federal research would be to have more effort in the States directed toward health hazard evaluation programs. In summary, while at NIOSH we tried to develop further the priority system that Dr. Key described and tried to put more peer review into it.

Dr. Corn discussed some of the problems of quality of research. He also discussed some of the problems that NIOSH has in getting enough resources focused on a few problems. There are many, many problems and there are not very many people. There are very few trained researchers that have been working with occupational health research programs for some years. It has been difficult to find enough trained, experienced research scientists.

Dr. Corn mentioned the fact that there were not many academic research groups working closely with the Institute, and that is probably because the Institute did not have a sizable research grant program as have the Institutes in the National Institutes of Health.

Also, we had continual problems with the review of research grants in terms of the broadness of the mission of NIOSH. We tried to work with the Division of Research Grants in NIH but NIOSH programs cut across so many areas it is difficult to get the quality of review that I think we all wanted. I think the quality of review problem is one that may have interfered somewhat with the assignment of priorities to research grants.

Mr. KOGOVSEK. Let me ask Dr. Corn—during your tenure as Assistant Secretary of Labor for OSHA, how did you determine your priorities with respect to NIOSH and, I guess, more specifically, what was your procedure in determining which NIOSH criteria documents to use as a basis for proposed standards?

Dr. CORN. Let me drop back a little and pay tribute to the sage counsel of a magnificent man. I had John Dunlop, Secretary of Labor, to give me some advice and the best advice he ever gave me was, "Mort, they are going to come at you from every direction. Pick three things you want to do before they get you out of here."

I picked three things and those were the areas that, despite the fury and the stories appearing in the newspapers, I was going to stick by those and take my knocks on the others. You have to do that in government when you are handling agencies; you can't respond to every push and pull.

Now, with respect to NIOSH, it was a rocky road. Jack and I can be quite candid; we had our troubles. He was marching to the demands of HEW and I was trying to fit into the Labor Department. It was not always a match.

So, priorities were not concensus priorities between us. I won't go into the details of what they were, but priority selection was so difficult that I must say I gave up looking to NIOSH for anything. That was my posture after about 6 months.

What we got from NIOSH was a gift, but our expectations were few.

Mr. **Kogovsek**. Thank you.

Mr. Chairman, those are all the questions I have.

Mr. **Gaydos**. Mr. Craig?

Mr. **Craig**. Thank you very much, Mr. Chairman.

Dr. Key and Dr. Finklea, would you agree with a couple of statements that Dr. Corn made in his presentation, one of them in the early portion, when he said, speaking of NIOSH, "It was not intended that it be a worker advocacy agency or that it fight the battles of safety and health in the public arena? The battles of research are fought in the pages of peer review journals and at professional meetings"?

Dr. **Key**. I would not agree entirely with Dr. Corn. There are times when NIOSH must come forward and make pronouncements as to hazards, early warnings, and this is not sitting back and letting the research be published in peer review journals. This is taking a more positive role.

On the other hand, I don't believe NIOSH was ever intended to be an advocacy agency—that was really OSHA's responsibility—somewhere in between these two extremes.

Mr. **Craig**. Agreeing then that NIOSH was not to be an advocacy agency but that OSHA was, would you say that NIOSH has been an advocacy agency?

Dr. **Key**. Yes, at times.

Mr. **Craig**. Dr. Finklea?

Dr. **Finklea**. I agree, at times.

Mr. **Craig**. Elusive, aren't you?

Dr. **Finklea**. No, not really, but that is a very general question. It has to deal with many, many problems and many issues over 10 years. I think "at times" is the correct answer.

Mr. **Craig**. When the role of an agency like NIOSH is to do the necessary research and scientific work, to be then provided to agencies such as OSHA for application, it becomes very frustrating to me that an agency like NIOSH would then turn to the public arena to attempt, as I think it has at times, to influence public opinion; and that is the point that was made by Dr. Corn which I think is extremely valuable in our evaluation of this agency.

Dr. **Finklea**. I don't think that NIOSH always or very often over a 10-year period did that. It certainly may have occurred on occasion. I think more often you had intense media and public interest in the research being carried out by NIOSH. If you are trying to involve labor-management review in things you are doing, one has to accept that management and labor also know how to use the media.

I think NIOSH was very often reacting to comments of others on studies before those studies could appear in peer review journals. To some extent legislation that was passed in the last decade requires that NIOSH report evidence of new health hazards also very quickly to sister agencies, especially EPA. There is pressure in our society that pushes these things into public discussion long before we in medicine and in the academic community would like for them to be there.

We would much rather deal with these reports in the journals before we are forced to comment in the media, but I don't think that is reality.

Mr. **Craig**. I will accept some of that statement. I think that is probably a very valid one, when you deal with very controversial issues that receive prior publicity.

It is interesting, Mr. Chairman and members of the panel, during the late part of last month I participated in playing out a scenario that has been played before Congress a long while, with a major smelting industry in the north end of my district. The industry was saying, in light of really very good evidence—recognizing that there were health hazards, there were standards necessary in the workplace—those standards based on the very adversarial role that OSHA was playing at that time could not be complied with in the time frame necessary. Even as much as 5 or 6 years ago, 1977 at least, when those standards were being promulgated, some said it would shut down this smelting industry.

Well, it is shutting down. In essence, it will be the second largest financial disaster to ever hit my State.

Now, it is interesting that the workers up there are willing to work with management in trying to bring about the kind of condition that would be acceptable to everyone over a specific compliance period, but that is after the fact now.

The agency—and I have a feeling that based on research of this agency that we are talking about today—played some role in the development of the regulations that have adversely affected this industry. We will have 6,000 people out of work and we will lose a $60 million payroll and the problems go on.

I think it is time we look at allowing these agencies, if not allowing them then darn well demanding it of them, that they develop a cooperative partnership role in working out these problems, recognizing, as I do, that there are real problems.

We don't want to kill people. We want to make it a safe workplace and keep them alive and keep our economy rolling.

When you simply shut the system down, you don't accomplish anything. We have not provided an answer to the problem up there yet, but we will throw 6,000 people out of work.

I appreciate your testimony.

Mr. **Gaydos**. Thank you, Mr. Craig.

Gentlemen, you may answer this individually, or maybe share it among yourselves.

As I understand it—maybe Dr. Key can respond to this—generally the members of the panel have concluded that you were somewhat surprised at, and somewhat opposed to, the move of NIOSH headquarters to Atlanta, and to Cincinnati. Can you give me some reasons? Can you elaborate, or are my presumptions erroneous? How do you feel about that move and why?

Dr. Key, do you want to be the brave one to hit it first?

Dr. **Key**. Yes. As I mentioned in my testimony, I think it was the intent of Congress to have a semi-independent institute to do research in the many areas of occupational safety and health. The administrative authorizations given to the new institute under the act were quite broad, almost that of an agency. It has been operating, however, only as a program.

I believe under CDC it will become fully integrated into the CDC organization and I question whether this was the intent of Congress in setting it up.

Mr. **Gaydos**. As a practical matter, what is the expertise, if any, that CDC has to offer NIOSH in this move? What happens organizationwide, practically, and what have you, theoretically?

Dr. **Key**. I have talked to Dr. William Foege about the CDC organization. He firmly believes that it can give NIOSH better administrative support. He is thoroughly dedicated to improving its scientific base, and all of us concur in that. Also, he believes that NIOSH should work more closely with the States, the State health departments, as CDC has traditionally done.

Mr. **Gaydos**. Couldn't that occur in the present location? For instance, how could NIOSH ever develop any kind of consensus if it is located geographically not in Washington but a substantial distance from OSHA, BLS, MSHA, EPA, National Cancer Institute, various union headquarters, and the U.S. Congress, too, all of which are located here in Washington?

Dr. **Key**. I can't understand that either, Mr. Chairman.

Mr. **Gaydos**. Do you think then that NIOSH was created to elevate the status of occupational safety and health to place it on an equal footing with research conducted by HEW and "other matters of vital social concern"? That is a quote.

Do you agree that the proposed move would mean that NIOSH would be subordinate to CDC rather than on an equal footing with it, or partially so, or do they retain that semi-independence that you referred to several times?

Practically, in your professional opinion and past experience, what do you think will actually happen if this move is consummated? What do you see, good, bad, indifferent?

Dr. **Key**. Overall, I think NIOSH will be a less effective organization.

Mr. **Gaydos**. Less effective?

Dr. **Key**. In arriving at a consensus with the many other Federal agencies and institutes, as to what has to be done and what research should be programed.

I take Dr. Foege at his word—improved State relations. I also forgot to mention CDC's expertise in epidemiology. Certainly this will improve NIOSH's own epidemiology. So there are a few pluses but more minuses than pluses.

Mr. **Gaydos**. Is it necessary to merge administration, CDC and NIOSH, to obtain those limited benefits which you refer to? Is it a prerequisite that they move down there, if you want to strengthen those aspects of it?

Dr. KEY. No. There are many other ways of doing it. If I were writing the prescription, I wuld leave them where they are. I would direct it to improve its relationships with the State health departments. I would continue the search for a clinical base of operations for NIOSH. It is very difficult to attract physicians into the Institute unless they have some clinical outlet, and NIOSH currently does not have that, except to some small extent in Morgantown, where it is integrated with the West Virginia University School of Medicine.

Mr. GAYDOS. Do you agree, Doctor, that there are basic philosophical and psychological differences between NIOSH and CDC? For instance, we think of CDC—and check me if I am not right—as an agency that informs the public at large generally that we have certain health problems, particularly infectious diseases, to which no one in Congress or members of the committee object, and the good health of our society generally is involved?

It seems to me that I developed a concept and understanding throughout the years that NIOSH is different, decidedly different, from CDC. For example, when NIOSH submits a criteria document to OSHA, this can lead to an OSHA standard with resultant cost to industry to comply.

We are hearing a lot of it. I think the smelter down there in my colleague's district is probably one aspect of that very statement that I make. When NIOSH conducts health hazard evaluations it could well mean certain costs to industry to eliminate or minimize employees' exposure to toxics or hazardous substances is involved.

CDC does not have an inkling of an idea along those lines. Am I on the right track when I conclude that in this matter there is a decided difference between the two, and somebody has some ulterior motives in trying to force this merger down in Atlanta. Am I way off base, or do you agree with me?

Dr. KEY. I agree with you maybe 90 percent of what you said. I would like to point out, however, that CDC has been given a new responsibility in the area of preventive health, preventive medicine.

I understand Secretary Schweiker is especially interested in this. This is one way you can classify NIOSH: It does do preventive health. This has been one of the problems with NIOSH's organizational administrative location over the years. It can be classified as fish, fowl, or in between. It is a research agency. It works closely with OSHA. It is in preventive health; it is a lot of things.

Mr. GAYDOS. I think there should be a decided emphasis on a very fundamental difference which I referred to and alluded to earlier, and that is, again, that you talk about NIOSH's activities, its activities supposedly end up in some standard, while the CDC Director can pick and choose what he likes or dislikes.

I think there is really a decided difference.

Again going back to when we added Senator Javits' concept of NIOSH to the bill that was accepted in conference and ultimately ended up in law, it was very clear that here you are going to have something special, something different, something unfettered, something independent, and something supposedly effective.

Dr. Finklea, would you want to comment on that?

Dr. **Finklea**. I think that the chairman and Dr. Key have both spoken of difficulties that we would have in building a much better partnership with the regulatory and research agencies if NIOSH headquarters are moved to Atlanta. I certainly concur in that.

I think if one were going to make that move and one had somehow gotten all of NIOSH together in a really first-class research facility, working closely together with a first-class research unit in a university setting, then there might be a little more support for it.

I think if you are going to expend Federal funds on moving NIOSH personnel now, I would much rather see those funds spent on improving the resources available for research, rather than moving people from one location to another.

At the same time, I can understand that the agency which is faced with personnel cutbacks and so forth might be very concerned about how to make the best use of those limited Federal positions they have, especially in administrative areas, and see this transfer of function and personnel as something that is very effective costwise for them.

Mr. **Gaydos**. Mr. Johnston?

Mr. **Johnston**. Dr. Finklea, I am not any expert on occupational medicine by any stretch of the imagination; My interest lies more along the lines of economics and protecting the American taxpayer and not necessarily the American civil servants that seem to have populated this hall fairly well.

One thing I have noticed over the past decade has been the great inexorable growth among the various components of the Consumer Price Index, particularly health care. So our friends in the medical profession have obviously not been particularly attuned to holding down costs. However, it appears that our Secretary of Health and Human Services, Dr. Schweiker, chose to begin his administration by taking a hard look at the way to save the American taxpayer some money.

I think perhaps his motives in this consolidation have been a little bit misjudged. Is it not true that CDC has some very elaborate research facilities in Atlanta that are not available at current NIOSH headquarters?

Dr. **Finklea**. I don't think the CDC facilities in Atlanta are really very adaptable to most of the research that NIOSH does today. I think if you wanted NIOSH to get into some newer work in areas such as occupational health aspects of recombinant DNA, the facilities would be much better at CDC. I think CDC has certainly adequate administrative space for NIOSH. I don't think however that the intent of the Secretary was to move the research functions to Atlanta at this time.

Mr. **Johnston**. Hasn't CDC sort of been an excellent example of cooperation between the States and the Federal Government?

Dr. **Finklea**. I think in general, yes.

Mr. **Johnston**. We would have to concede that NIOSH to date has not enjoyed that same reputation?

Dr. **Finklea**. I think what has happened is that after the enactment of the Occupational Safety and Health Act, many of the State health departments relinquished their worker safety and health programs. Some of these came under the Federal jurisdiction and some of them came under the jurisdiction of State departments of labor and industry or State departments of labor.

So, in general, I think the State health departments have not been involved in occupational health matters for most of the last decade. It has been a decreasing involvement. Therefore, NIOSH has not been frequently involved with the State health departments because those departments usually did not have jurisdiction in this area. Some State health department do not have interests in occupational health; some of them do.

Mr. JOHNSTON. OSHA has 24 State health plans?

Dr. FINKLEA. But not in the health departments.

Mr. JOHNSTON. I was particularly concerned with the relationship between OSHA and the States.

Dr. FINKLEA. I think NIOSH has worked with OSHA in evaluating the State plan submitted by State occupational safety and health agencies. These have generally been done through the HEW regional offices. NIOSH personnel were assigned to each of the regional offices during Dr. Key's tenure, and one of the functions was to work with State plans submitted to OSHA.

Mr. JOHNSTON. Don't you think that a State might be less suspicious of an organization that might be headquartered outside of Washington, D.C., than it would be one headquartered inside Washington?

Dr. FINKLEA. I live in Birmingham, Ala., now and that would be the case in Alabama. I am not sure, but in Birmingham we might be just as suspicious of Atlanta as we are of Washington.

Mr. JOHNSTON. You have a point well made. However, for most of us out there in the real world, this place up here is the enemy and we are the——

Dr. FINKLEA. CDC has very good relations with State health departments but not with those departments responsible in State government for worker safety and health programs by and large.

Mr. JOHNSTON. The CDC-State health department relationship has been better than the OSHA-State health department relationship?

Dr. FINKLEA. I don't know of any good comparative study there, but the CDC relationship has in general been very cooperative.

Mr. JOHNSTON. Yes. That is all.

Mr. GAYDOS. On behalf of the committee, I would like to thank the panel. I hope we have not taken up too much of your time.

Our next panel is made up of Dr. William Rom, Rocky Mountain Center for Occupational and Environmental Health, University of Utah Medical Center; Dr. Raymond Suskind, Department of Environmental Health, University of Cincinnati; and Dr. Gareth Green, School of Hygiene and Public Health, Johns Hopkins University.

Gentlemen, welcome to the committee. If you would among yourselves determine who is going to lead off you may proceed in the manner best suited to your panel. It looks like Dr. Suskind; you are No 1.

[Prepared statement of Dr. Raymond Suskind follows:]

Prepared Statement of Raymond R. Suskind, M.D., Director, Institute of Environmental Health and the Kettering Laboratory, University of Cincinnati

I want to thank the Subcommittee on Health and Safety for inviting me to participate in the hearing. I address these hearings as a representative from the academic community.

I have been associated with the environmental health research and education program, at the University of Cincinnati since 1948. In 1949 the occupational health agency of the Public Health Service, now recognized as NIOSH, moved its activities to Cincinnati because there was an already established research and education program in the University at the Kettering Laboratory. Ths Public Health Service unit went through a variety of name changes in its more than 30 years of existency such as: the Divisions of Occupational Health, Occupational Health Program, Bureau of Occupational Safety and Health and since 1970, the National Institute of Occupational Safety and Health. NIOSH and its scientific staff have been my neighbors and close associates since 1949. I have had a unique opportunity to observe the agency's function, its productivity, its problems, both scientific and political, as well as the fluctuations in its progress. I believe that NIOSH's missions, functions and scope of activity are clearly stated in the occupational safety and Health Act of 1970. Eminently qualified and dedicated scientific leadership is a sine-qua-non for the fulfillment of these functions. Unfortunately, since its inception, its leadership and policy direction have been subject to change with shifts in political administration. Its administrative and scientific independence has been limited. I would strongly recommend this very important scientific agency be allowed to assume its proper role as a national center for basic and clinical research in occupational health problems; that it be allowed to fully assume its responsibility for fostering and supporting the education and training of scientists and professionals for investigation and service to the national community.

Several months ago three Directors of Educational Resource Centers, which as you know have been developed by NIOSH, had the opportunity to discuss the proper role and function of NIOSH with the Assistant Secretary for Health, Dr. Edward N. Brandt, Jr. We were delighted to learn that he and Secretary Schweiker envisaged NIOSH to have the same scientific and educational role as those of the National Institutes of Health. He indicated that its leadership should have the same standards of basic and clinical science, the same standards of scientific excellence; its research and technical personnel should be chosen on the basis of the same level of distinction as those of the National Institutes of Health. I would add that in order to recruit that kind of scientific leadership and research personnel the character of NIOSH must be stabilized and upgraded. It must offer the scientific incentives; it must offer job security; it must offer a non-politicized setting for developing and maintaining high standards of scientific effort and achievement. It must assist in developing and maintaining resources for training in all of the essential disciplines of occupational health and safety. It must continue to support the University-based academic centers, such as the ERCs for the training of professionals and scientists. Its support of education of physicians, nurses, engineers, hygienists, safety personnel and toxicologists of which there is now a severe manpower deficit is essential. This training program will provide the scientific and professional personnel for surveillance, for identification, for monitoring of the hazards and their effect on the worker. Such technical specialists are essential for maintaining a safe workplace. It must continue and expand its own essential research program, addressing the work hazard questions of public health importance. It must continue and expand its extramural research program. Only in this way will NIOSH properly fill its mandate assigned to it under the Occupational Safety and Health Act of 1970. Its goals and functions should be guided only by the principles of good science and objectivity. Only in this way will its scientific and educational efforts have a real impact in advancing occupational safety and health at a policy level.

The community problems which NIOSH's addresses are occupational health hazards of public health importance. They are substantial in number and their prioritization should be determined by NIOSH and OSHA leadership. OSHA should have the primary responsibility for initially identifying the hazards of potential hazards in the workplace. NIOSH can fulfill its role to OSHA by developing the scientific and clinical data which will provide documentation for establishing standards for safe exposure and providing the technological basis for the prevention and control of occupational hazards. NIOSH should confer with OSHA on all important scientific and technological matters which require collaboration.

At the present time, NIOSH does have a program of inspectional activity which incorrectly identifies it as a regulatory agency. The "first step" health hazards evaluations characterized by walk-through surveys which are superficial and are largely done in response to complaints. Much professional and scientific effort is taken up by such activity. The scientists and professionals at NIOSH should limit their efforts to well-conceived in-depth studies addressing environmental, clinical and epidemiologic issues. It should maintain a large program of mechanism-oriented studies which seek to explain the nature of the biological effect of specific hazards.

What has all of this to do with the productivity of American industry and agriculture? Level of productivity is intimately related and indeed dependent upon the effectiveness and efficiency of the American work force. Work hazards result in illness and injury, leading to disability and in many instances demoralization and damage relations with the employer. The training program supported by NIOSH, especially those in the Educational Resource Centers are producing large numbers of highly qualified specialty trained professional and scientific personnel who can help reduce and eliminate hazards, educate the work force to recognize their responsibility for utilizing correct measures, monitor the environment and the employees at risk so that safe levels of exposure can be maintained.

Unfortunately, the universities sector in occupational research and training have not had an opportunity to discuss any of the issues which I have cited regarding NIOSH's function and scope of activity with the new Director of NIOSH. We sincerely hope that we shall be able to do this before too long since we believe that the multiple experiences of university scientists and teachers in the field can be of substantial assistance in developing an effective policy. We hope too that the parent body, the CDC, will recognize the significant differences between the scientific resources and scientific effort required for solving the types of health problems traditionally encountered by the CDC as compared to the chemical and physical problems for which NIOSH's scientists are responsible.

In summary let me offer a short list of requirements for promoting NIOSH effectiveness:

1. Scientific and administrative independence and a recognition of its special technical, scientific and professional resource needs.
2. A setting for stabilizing its objectives, its function and protection against political and special interest factors.
3. A proper setting for developing basic science and clinical studies addressing occupational health hazards, their origin, their assessment, prevention and control.
4. Appropriate financial support of its research and educational programs.

STATEMENT OF RAYMOND R. SUSKIND, M.D., DIRECTOR, INSTITUTE OF ENVIRONMENTAL HEALTH AND THE KETTERING LABORATORY, UNIVERSITY OF CINCINNATI

Dr. SUSKIND. I want to thank the Subcommittee on Health and Safety for inviting me to participate in the hearing. I address these hearings as a representative from the academic community.

I have been associated with the environmental health research and education program at the University of Cincinnati since 1948. In 1949 the occupational health agency of the Public Health Service, now recognized as NIOSH, moved its activities to Cincinnati because there was an already established research and education program in the university at the Kettering Laboratory.

This Public Health Service unit went through a variety of name changes in its more than 30 years of existence such as: The Division of Occupational Health; Occupational Health Program; Bureau of Occupational Safety and Health; and, since 1970, The National Institute of Occupational Safety and Health. NIOSH and its scientific staff have been my neighbors and close associates since 1949. I have had an opportunity to observe the agency's function, its productivity, its problems, both scientific and political, as well as the fluctuations in its progress. I believe that NIOSH's missions, functions, and scope of activity are clearly stated in the Occupational Safety and Health Act of 1970. Eminently qualified and dedicated scientific leadership is a sine qua non for the fulfillment of these functions. Unfortunately, since its inception, its leadership and policy direction have been subject to change with shifts in political administration. Its administrative and scientific independence have been limited. I would strongly recommend this very important scientific agency be allowed to assume its proper role as a national center for basic and clincial research in occupational health problems; that it be allowed to fully assume its responsibility for fostering and supporting the education and training of scientists and professionals for investigation and service to the national community.

Several months ago three directors of educational resource centers which, as you know, have been developed by NIOSH, had the opportunity to discuss the proper role and function of NIOSH with the Assistant Secretary for Health, Dr. Edward N. Brandt, Jr. We are delighted to learn that he and Secretary Schweiker envisaged NIOSH to have the same scientific and educational role as those of the National Institutes of Health. He indicated that its leadership should have the same standards of basic and clinical science, the same standards of scientific excellence, its research and technical personnel should be chosen on the basis of the same level of distinction as those of the National Institutes of Health. I would add that in order to recruit that kind of scientific leadership and research personnel, the character of NIOSH must be stabilized and upgraded. It must offer the scientific incentives; it must offer job security; it must offer a nonpoliticized setting for developing and maintaining high standards of scientific effort and achievement. It must assist in developing and maintaining resources for training in all the essential disciplines of occupational health and safety. It must continue to support the university-based academic centers, such as the ERC's, for the training of professionals and scientists. Its support of education of physicians, nurses, engineers, hygienists, safety personnel, and toxicologists, of which there is now a severe manpower deficit, is essential. This training program will provide the scientific and professional personnel for surveillance, for identification, for monitoring of the hazards and their effect on the worker. Such technical specialists are essential for maintaining a safe workplace. It must continue and expand its own essential research program, addressing the work-hazard questions of public health importance. It must continue and expand its extramural research program. Only in this way will NIOSH properly fill its mandate assigned to it under the Occupational Safety and Health Act of 1970. Its goals and functions should be guided only by the principles of good science and objectivity. Only in this way will its scientific and educational efforts have a real impact in advancing occupational safety and health at a policy level.

The community problems which NIOSH addresses are occupational health hazards of public health importance. They are substantial in number and their prioritization should be determined by NIOSH and OSHA leadership. OSHA should have the primary responsibility for initially identifying the hazards or potential hazards in the workplace. NIOSH can fulfill its role to OSHA by developing the scientific and clinical data which will provide documentation for establishing standards for safe exposure, and providing the technological basis for the prevention and control of occupational hazards. NIOSH should confer with OSHA on all important scientific and technological matters which require collaboration.

At the present time NIOSH does have a program of inspectional activity which incorrectly identifies it as a regulatory agency. The "first-step" health hazards evaluations characterized by walk through surveys which are superficial and are laregely done in response to complaints. Much professional and scientific effort is taken up by such activity. The scientists and professionals at NIOSH should limit their efforts to well-conceived, indepth studies addressing environmental, clinical, and epidemiologic issues. It should maintain a large program of mechanism-oriented studies which seek to explain the nature of the biological effect of specific hazards.

What has all of this to do with the productivity of American industry and agriculture? Level of productivity is intimately related and indeed dependent upon the effectiveness and efficiency of the American work force. Work hazards result in illness and injury, leading to disability and in many instances demoralization and damaged relations between affected employees and the employer. The training programs supported by NIOSH, especially those in the educational resource centers, are producing large numbers of highly qualified, specially trained professional and scientific personnel who can help reduce and eliminate hazards, educate the work force to recognize their responsibility for utilizing corrective measures, monitor the environment and the employees at risk, so that safe levels of exposure can be maintained.

Unfortunately, the university sector in occupational research and training has not had an opportunity to discuss any of the issues which I have cited regarding NIOSH's function and scope of activity with the new director of NIOSH. We sincerely hope that we shall be able to do this before too long, since we believe that the multiple experiences of university scientists and teachers in the field can be of substantial assistance in developing an effective policy. We hope, too, that the parent body, the CDC, will recognize the significant differences between the scientific resources and scientific effort required for solving the types of health problems traditionally encountered by the CDC, as compared to the chemical and physical problems for which NIOSH's scientists are responsible.

In summary, let me offer a short list of requirements for promoting NIOSH's effectiveness:

One, scientific and administrative independence and a recognition of its special technical, scientific and professional resource needs; two, a setting for stabilizing its objectives, its function and protection against political and special-interest factors; three, a proper setting for developing basic science and clinical studies addressing occupational health hazards, their origin, their assessment, prevention and control; and four, appropriate financial support of its research and educational programs.

Again allow me to express my thanks to this committee for its very timely interest in the present status and future of NIOSH and for providing a forum.

Mr. GAYDOS. Thank you.

You used the term, "politicized." Are you suspicious that there is some politicking going on in this move?

Dr. SUSKIND. Having heard the previous three speakers, I think my use of the word "politicized" is understood, sir.

Mr. GAYDOS. Let me ask you this: You have dealt with NIOSH and CDC. Do you think NIOSH is doing a good job as an agency or as an entity? You do mention upgrading; you mention stabilization in your development of what you would suggest as a member of the academic community.

As we have grown to know NIOSH, this committee here in Congress has had no trouble with it. We have never had NIOSH up here on oversight hearings to interrogate them as to what they are doing. They enjoy a pretty good reputation.

Among the universities, how is that reputation? Is it worthwhile or should we send it down to Atlanta and CDC and lose it with everything else that is going on down there? What should we do with it?

Dr. SUSKIND. NIOSH has, I believe, very sincerely attempted to fulfill the mandate which it has under the act. I think because of other factors—factors of stability, factors of jobs, factors of resources, factors of being able to determine themselves what they should be doing on a long-term basis—NIOSH has not been able to maintain the scientific and professional leadership or recruit the necessary scientific personnel to carry out the research programs, including its own internal research efforts effectively.

However, one of the most important steps—and it was a real breakthrough—occurred in 1977 when the educational resource centers were created. This had had an enormous impact on the manpower problem, which is not new. As long as I have been in the field, there has been a shortage of occupational health physicians, nurses, hygienists, toxicologists; but in 1977, with the help of the act, NIOSH was able to do something about it effectively, and it has.

Mr. GAYDOS. Which side do I place you on? I have a list of those who support them and those who are against. Where do you fit on that list, or would you rather I leave you alone and not put you on any list? Would you sanction and recommend the transfer, or don't you care?

Dr. SUSKIND. I think what is most important is that NIOSH fulfill its obligation, as you have already described, Mr. Chairman, as a scientific institute.

Mr. GAYDOS. Would the transfer to Atlanta be an affirmation of that and supportive of that end, or could it be detrimental, or don't you have an opinion?

Dr. SUSKIND. Judging by the experience which NIOSH has had with the CDC since 1973, it is not very encouraging.

Mr. GAYDOS. Very good.

Dr. Green?

[Prepared statement of Dr. Gareth Green follows:]

Prepared Statement of Dr. Gareth M. Green, Professor and Chairman, Department of Environmental Health Sciences, the Johns Hopkins School of Hygiene and Public Health, Baltimore, Md.

Mr. Chairman, I appreciate the opportunity to present a university view of the functions, needs and directions in occupational health and safety as administered by the National Institute for Occupational Safety and Health (NIOSH). I am director of a large university program that includes basic research on the causes and mechanisms of occupational injuries and illnesses, a Center for Occupational and Environmental Health, (COEH), which carries out applied research, field investigations of occupational exposures and their health effects, and one of the NIOSH-supported Educational Resource Centers which successfully conducts interdisciplinary and multiprofessional education and training of the occupational health and safety team, including physicians, nurses, industrial hygienists, safety engineers, epidemiologists, toxicologists and related scientists. This university program in occupational health and safety is conducted in close liaison with research and educational activities in the broader field of environmental health sciences, the several related disciplines of public health, including legal, economic and policy ramifications, and with the active involvement of faculty and students of the School of Medicine, the Division of Arts and Sciences, and the School of Engineering at The Johns Hopkins University.

Occupational health and safety is a population-based field determined by society's mode of organization for the production of goods and services into geographically, organizationally and technologically defined working units of labor, management, capital and material resources. Working conditions and hazardous exposures are technologically defined and there is constant competition between the requirements for economic efficiency in a competitive industrial society and the provision of conditions for a safe and healthy workplace in fulfillment of our society's goals to maximize the quality of life for all its members. Occupational safety and health is not defined by disease, by discipline, or by a single professional entity. It must draw on a broad range of basic biomedical, physical, and engineering sciences to understand the nature of the process of production, the generation of potentially hazardous exposures and conditions, and the mechanisms and detection of adverse effects on human health. This range of disciplines and professions spans the biomedical sciences, public health disciplines, the technical and engineering sciences of production, the social sciences of law, economics and administration, and the expression of human values through social institutions.

Within this context, what is the proper mission of NIOSH? NIOSH cannot itself encompass the entire scope of activity intrinsic to occupational safety and health, but within its defined role it must fulfill its obligations in close coordination with other responsible agencies and with full cognizance of the scope and depth of the field as a whole. It is our understanding that NIOSH, properly, has been given the mandate to conduct research and development on the biological and technological bases of deleterious health effects produced by agents and conditions of the workplace, whatever they are and wherever they are. This function is analogous to that of the National Institutes of Health as related to human disease and medical care, but in the case of NIOSH, the scope is bounded by the conditions and exposures of the workplace, and there is a special responsibility to develop the knowledge needed to establish responsible regulations governing workplace conditions and exposures. In this latter function, the output of knowledge and technology developed by NIOSH should flow to OSHA, the Mine Safety and Health Administration, (MSHA), and industry in the same way that the output of knowledge from the National Institutes of Health flows to hospitals, clinics, medical schools and practicing medical care professionals. In the latter instance it is the patient who benefits; in the former it is the worker. Just as NIH avoids direct involvement in medical care delivery, so NIOSH should avoid direct involvement in the process of regulation and enforcement.

A second major area for proper NIOSH function is in the field of investigation of workplace conditions and in prevention of exposures and disease through epidemiologic investigations and consultative efforts at the worksite. The process of health hazard evaluation is an appropriate model conducted in the context of consultation and advice rather than regulation and enforcement. The parallel process of epidemiologic surveillance of infectious disease has been masterfully conducted by the CDC over the past several decades. Extension of this kind of activity to the field of occupational safety and health is an appropriate rationale for the consolidation of the NIOSH Director's Office in Atlanta. However, the disadvantages of the geographical distance between that office and the laboratory support in Cincinnati and Morgantown will have to be overcome if this epidemiologic surveillance in occupational safety and health is to be conducted with adequate scientific and technical support in toxicology and in industrial hygiene and safety.

The third main function of NIOSH is in manpower development. Professionals in this field are in woefully inadequate supply, as repeated studies have documented. In addition to is obligation to meet the requirements of legislative authorization, NIOSH must therefore maintain its very successful Educational Resource Center, ERC, program which conducts interdisciplinary multiprofessional training of the occupational safety and health team of physicians, nurses, industrial hygienists, safety engineers, epidemiologists and industrial toxicologists. This professional manpower pool is essential to provide appropriate expertise in occupational safety and health to government agencies at the Federal and local level, including CDC, to academic institutions and to workplaces in small private sector organizations which will have to rely on part-time services from local government agencies or from private sector consultative groups. Until this system is in place and becomes visible, attractive and competitive for physicians, nurses and others entering the health prevention field, some Federal support will be necessary to maintain the forward thrust of this most successful NIOSH manpower development program. Professional, highly skilled and well-trained personnel are needed at the workplace, and this need will become ever more pressing as the Occupational Safety and Health Administration (OSHA) shifts from primary reliance on regulation and enforcement to collaborative consultation and assistance to industry to assure ongoing compliance with safety and health standards.

In addition, however, efforts to correct and strengthen the scientific basis of occupational safety and health standards and to correct some of the weaknesses of the NIOSH research program in the past will require that a deliberate effort be developed to support extramural research training and manpower development for research in occuptional safety and health. A major weakness of the NIOSH research program has stemmed from the failure to develop a sustained agency-sponsored research and manpower development program centered on a comprehensive scientific research program whose ultimate objective is to provide a basis for standard setting and disease prevention in the workplace. The past decade has amply demonstrated that there is an insufficient fund of basic information to conduct a sound program of standard setting and regulation for the workplace, particularly in regard to low-level exposures and chronic disease effects. Although NIOSH has had the legislative mandate both for research and for manpower development for the past decade, it has yet to establish a record of high-level peer-reviewed research, extramural funding for basic research, and sound research relationships with academic institutions. It will be absolutely essential, if the field of occupational safety and health is to become soundly based on scientific fact, that CDC establish and assure not only the continuation of the Educational Resource Centers but also enunciate an expanded and specific commitment to the education and training of research scientists and faculty in occupational safety and health to staff educational and training institutions in this field. CDC has not had extensive experience in this area, emphasizing, as it has, short-course training in-house and direct service programs rather than sustained in-depth, extramurally-supported, university-based professional education and training for research and academic leadership. We have substantive concerns in this area, particularly since no other government agency—specifically, the National Institutes of Health—has a specific mandate in occupational safety and health. It has proven inadequate to rely on agencies other than those that have the primary responsibility in the field of occupational safety and health to support adequate manpower development in this field. If the proposed reduction in training support in the National Institutes of Health and other government agencies occurs over the next several years, there will be increased competition for dwindling funds. In this climate, a still nascent training program in occupational safety and health will not compete successfully in any agency outside NIOSH and the CDC.

Our number one recommendation, therefore, in regard to the future role of NIOSH and its relationship to CDC, is that specific legislative authorization be enacted to assure that a strong extramural, university-based research and training program in occupational safety and health be developed through the National Institute for Occupational Safety and Health. This authorization should be coupled with a defined effort to upgrade professional qualifications in occupational safety and health in the staff at NIOSH and CDC, to strengthen the scientific stature and credibility of CDC and NIOSH in the field of occupational safety and health, to enhance a less political environment for NIOSH so that scientific research can proceed uninfluenced by political persuasions, and, finally, to assure that future staff in the agency meet professional qualifications in the basic sciences, public health disciplines and the clinical skills of their respective professions. Only with soundly trained professional expertise in the parent agency of NIOSH can the field of occupational safety and health achieve a respected stature and thereby most effectively achieve the ultimate goal of optimal safety and health for the American worker.

Mr. Chairman and members of the Subcommittee, may I thank you again for this opportunity to present these university views, assessments and recommendations in the field of occupational safety and health.

STATEMENT OF DR. GARETH M. GREEN, PROFESSOR AND CHAIRMAN, DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES, THE JOHNS HOPKINS SCHOOL OF HYGIENE AND PUBLIC HEALTH, BALTIMORE, MD.

Dr. Green. Thank you.

Mr. Chairman, I appreciate the opportunity to present a university view of the functions, needs, and directions in occupational health and safety as administered by the National Institute for Occupational Safety and Health. I am director of a large university program that includes basic research on the causes and mechanisms of occupational injuries and illnesses, a center for occupational and environmental health—COEH—which carries out applied research, clinical evaluations, and field investigations of occupational exposures and their health effects, and one of the NIOSH-supported educational resource centers—ERC—which successfully conducts interdisciplinary and multiprofessional education and training of not only the occupational health and safety team, including physicians, nurses, industrial hygienists, safety engineers, but also epidemiologists, toxicologists, and related scientists.

This university program in occupational health and safety is conducted in close liaison with research and educational activities in the broader field of environmental health sciences, the several related disciplines of public health, including legal, economic, and policy ramifications, and with the active involvement of faculty and students of the school of medicine, the division of arts and sciences, and the school of engineering at the Johns Hopkins University. I might also add, I have been a council member of the National Heart, Lung and Blood Advisory Council, the National Environmental Health Sciences Advisory Council and am currently serving as the chairman of the EPA-sponsored Health Effects Research Review Committee, referred to by Dr. Corn.

Occupational health and safety is a population-based field determined by society's mode of organization for the production of goods and services into geographically, organizationally and technologically defined working units of labor, management, capital, and material resources. Working conditions and hazardous exposures are technologically defined and there is constant competition between the requirements for economic efficiency in a competitive industrial society and the provision of conditions for a safe and healthy workplace in fulfillment of our society's goals to maximize the quality of life for all its members. Occupational safety and health is not defined by a single disease, by discipline, or by a single professional entity. It must draw on a broad range of basic biomedical, physical and engineering sciences to understand the nature of the process of production, the generation of potentially hazardous exposures and conditions, and the mechanisms and detection of adverse effects on human health. This range of disciplines and professions spans the biomedical sciences, public health disciplines, the technical and engineering sciences of production, the social sciences of law, economics and administration, and the expression of human values through social institutions.

Within this context, what is the proper mission of NIOSH? NIOSH cannot itself encompass the entire scope of activity intrinsic to occupational safety and health, but within its defined role it must fulfill its obligations in close coordination with other responsible agencies and with full cognizance of the scope and depth of the field as a whole. It is our understanding that NIOSH, properly, has been given the mandate to conduct research and development on the biological and technological bases of deleterious health effects produced by agents and conditions of the workplace, whatever they are and wherever they are. This function is analogous to that of the National Institutes of Health as related to human disease and medical care, but in the case of NIOSH the scope is bounded by the conditions and exposures of the workplace and there is a special responsibility to develop the knowledge needed to establish responsible regulations governing workplace conditions and exposures. In this latter function, the output of knowledge and technology developed by NIOSH should flow to OSHA, the Mine Safety and Health Administration, and industry in the same way that the output of knowledge from the National Institutes of Health flows to hospitals, clinics, medical schools, and practicing medical-care professionals. In the latter instance it is the patient who benefits; in the former it is the worker. Just as NIH avoids direct involvement in medical care delivery, so NIOSH should avoid direct involvement in the process of regulation and enforcement.

A second major area for proper NIOSH function is in the field of investigation of workplace conditions and in prevention of exposures and disease through epidemiologic investigations and consultative efforts at the worksite. The process of health-hazard evaluation is an appropriate model conducted in the context of consultation and advice rather than regulation and enforcement. The parallel process of epidemiologic surveillance of infectious disease has been masterfully conducted by the CDC over the past several decades. Extension of this kind of activity to the field of occupational safety and health is an appropriate rationale for the consolidation of the NIOSH Director's Office in Atlanta; however, the disadvantages of the geographical distance between that office and the laboratory support in Cincinnati and Morgantown will have to be overcome if this epidemiologic surveillance in occupational safety and health is to be conducted with adequate scientific and technical support in toxicology and in industrial hygiene and safety.

The third main function of NIOSH is in manpower development. Professionals in this field are in woefully inadequate supply, as repeated studies have documented. In addition to its obligation to meet the requirements of legislative authorization, NIOSH must therefore maintain its very successful educational resource center [ERC] program which conducts interdisciplinary multiprofessional training of the occupational safety and health team of physicians, nurses, industrial hygienists, safety engineers, epidemiologists and industrial toxicologists. This professional manpower pool is essential to provide appropriate expertise in occupational safety and health to Government agencies at the Federal and local level, including CDC, to academic institutions and to workplaces in small private-sector organizations which will have to rely on part-time services from local government agencies or from private-sector consultative groups.

Until this system is in place and becomes visible, attractive and competitive for physicians, nurses and others entering the health prevention field, some Federal support will be necessary to maintain the forward thrust of this most successful NIOSH manpower development program. Professional, highly skilled, and well-trained personnel are needed at the workplace, and this need will become ever more pressing as the Occupational Safety and Health Administration shifts from primary reliance on regulation and enforcement to collaborative consultation and assistance to industry to assure ongoing compliance with safety and health standards.

In addition, however, efforts to correct and strengthen the scientific basis of occupational safety and health standards and to correct some of the weaknesses of the NIOSH research program in the past will require that a deliberate effort be developed to support extramural research training and manpower development for research in occupational safety and health. A major weakness of the NIOSH research program has stemmed from the failure to develop a sustained agency-sponsored research and manpower development program centered on a comprehensive scientific research program whose ultimate objective is to provide a basis for standard-setting and disease prevention in the workplace.

The past decade has amply demonstrated that there is an insufficient fund of basic information to conduct a sound program of standard-setting and regulation for the workplace, particularly in regard to low-level exposures and chronic disease effects. Although NIOSH has had the legislative mandate both for research and for manpower development for the past decade, it has yet to establish a record of high-level peer-reviewed research, extramural funding for basic research and sound research relationships with academic institutions. It will be absolutely essential, if the field of occupational safety and health is to become soundly based on scientific fact, that CDC establish and assure not only the continuation of the educational resource centers but also enunciate an expanded and specific commitment to the education and training of research scientists and faculty in occupational safety and health to staff educational and training institutions in this field.

CDC has not had extensive experience in this area, emphasizing as it has, short-course training in house and direct-service programs, rather than sustained in-depth, extramurally-supported, university-based professional education and training for research and academic leadership. We have substantive concerns in this area, particularly since no other Government agency—specifically, the National Institutes of Health—has a specific mandate in occupational safety and health. It has proven inadequate to rely on agencies other than those that have the primary responsibility in the field of occupational safety and health to support adequate manpower development in this field. If the proposed reduction in training support in the National Institutes of Health and other Government agencies occurs over the next several years, there will be increased competition for dwindling funds. In this climate, a still nascent training program in occupational safety and health will not compete successfully in any agency outside NIOSH and the CDC.

Our No. 1 recommendation, therefore, in regard to the future role of NIOSH and its relationship to CDC, is that specific legislative authorization be enacted to assure that a strong extramural, university-based research and training program in occupational safety and health be developed through the National Institute for Occupational Safety and Health. This authorization should be coupled with a defined effort to upgrade professional qualifications in occupational safety and health in the staff at NIOSH and CDC, to strengthen the scientific stature and credibility of CDC and NIOSH in the field of occupational safety and health, to enhance a less political environment for NIOSH so that scientific research can proceed uninfluenced by political persuasions, and, finally, to assure that future staff in the agency meet professional qualifications in the basic sciences, public health disciplines and the clinical skills of their respective professions. Only with soundly trained professional expertise in the parent agency of NIOSH can the field of occupational safety and health achieve a respected stature and thereby most effectively achieve the ultimate goal of optimal safety and health for the American worker.

Mr. Chairman and members of the subcommittee, may I thank you again for this opportunity to present these university views, assessments and recommendations in the field of occupational safety and health.

Mr. GAYDOS. Are there any questions prior to Dr. Rom's statement?

Dr. Rom?

[Prepared statement of Dr. William Rom follows:]

PREPARED STATEMENT OF WILLIAM N. ROM, M.D., M.P.H., DIRECTOR, ROCKY MOUNTAIN CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH, UNIVERSITY OF UTAH SCHOOL OF MEDICINE

The crises in the American workplace which lead to an excessive burden of disease, injury, and decreased productivity are highlighted by two major deficiencies: lack of knowledge on the health effects of many substances and processes being developed in industry and a shortage of professional manpower to address these questions.

The mission of NIOSH is to produce and disseminate this information, and to train professionals to carry it out.

Since the creation of NIOSH, the most significant step to consummate this mission has been the creation of the NIOSH Educational Resource Centers. NIOSH has funded 12 ERCs to train professionals in occupational medicine, industrial hygiene, occupational health nursing, and safety. They also provide vital continuing education to the occupational safety and health practitioner. The successes of the ERC program can be highlighted by the numbers of trainees since 1977 (over 2,000) and attendees at continuing education courses (over 11,000); our center serving the Rocky Mountain West has recruited 10 faculty, trained 30 full-time graduate students and physicians in occupational safety and health annually, and has sponsored 30 short term courses for over 1700 professionals in its brief three year existence. In addition the Educational Resource Center program has provided other benefits as well: e.g., an espirit de corps and a new sense of professionalism in the hundreds of graduates now in industry, government, and academe—these new occupational safety and health professionals are committed to the prevention of occupational disease and injury—and are seeking to educate upper level management and their superiors that a healthful workforce is necessary for greater productivity. These new professionals are contributing not only to the occupational safety and health movement but will improve the image of the company doctor of company nurse. These are people who can help to reduce the confrontation in occupational safety and health, and promote a more cooperative climate among labor—management—and government.

The Educational Resource Centers have had a profound influence on their parent universities. Occupational safety and health have become components of the university mission and opened new frontiers in community service for them. Faculty appointments have been granted, courses approved, and occupational health has even become a component of the medical and nursing school's curriculum. In the past, physicians have practically never been trained in occupational medicine in medical school; we now average a meager 4 hours of instruction over the four years nationwide. Yet some medical practices may average 90 percent occupational disease, and all doctors are periodically confronted with the patient with an industrially acquired disease or exposure. The ERC program is producing academic faculty to rectify these deficiencies, e.g., over half of our Utah physician graduates have pursued careers in academic occupational medicine. Additionally more students may be expected to choose occupational medicine and occupational health nursing as careers as occupational health role models increase. NIOSH needs to continue the ERCs as their prime solution toward meeting the manpower shortage, to increase occupational health's presence in the academic community by supporting teaching faculty and faculty academic awards and to expand the ERC role to reach medical students and primary care residents. The primary care residencies in family practice, general internal medicine, and obstetrics and gynecology have never appreciated the necessity of occupational medicine instruction in their programs. The ERCs have a tremendous opportunity to provide teaching in the clinical setting to these resident and house staff physicians.

The ERCs have been successful in promoting the concept of an occupational health team. Students in the varied disciplines of industrial hygiene, occupational medicine, toxicology, and occupational health nursing take courses and field trips together. They address problems and solve them together. By understanding each other's special expertise, the occupational health team can more effectively function in the private sector to evaluate new products, worker complaints of exposure, etc.

Over 25 million dollars have been invested since 1977 to develop faculty and training programs at the 12 ERCs. It has taken us, in Utah, almost three years to recruit all our faculty, obtain approval of our graduate degrees and courses, and develop the reputation to attract highly qualified and motivated students. This investment and momentum must not be lost!

NIOSH must expand the Educational Resource Center concept to include research and service. NIOSH should utilize universities to accomplish its mission of research; it can most efficiently and successfully achieve this goal by expanding the ERCs into Centers of Excellence. The ERCs have recruited an academic and research-oriented faculty that can produce the research information so desperately needed. Universities have a peer review system that can assure quality research; they are inherently objective and neutral in potentially controversial research areas. NIOSH must maintain this base of quality faculty by shifting its research resources to support the ERC faculty. The training programs must continue, and the trainees can participate in the research studies under faculty supervision. Virtually all students must complete research projects for Master's theses. Furthermore, universities traditionally foster both research and training.

Research should have specific emphases characterisitic of the expertise found at each center. Those located near large shipyards may conduct asbestos-related disease research; those near large petrochemical complexes have the opportunity to study complex chemical exposures; others near mining and energy developments need to conduct research in those areas. Center of Excellence may have a faculty specialty, e.g., the Utah program emphasizes occupational pulmonary disease; others are expert in occupational dermatology, neurotoxicology, or reproductive disorders. NIOSH should capitalize on these research resources.

NIOSH should develop via cooperative agreements, increased numbers of Health Hazard Evaluations with the expanded Centers of Excellence. Any employer or employee can request a Health Hazard Evaluation from NIOSH. These include walk-through evaluations, industrial hygiene sampling of gasses and dusts, and medical examinations of workers. This consultation service can be dramatically expanded by regional or state-based Centers. The Centers can promote the Health Hazard Evaluation Program, especially to the small businessman who is usually unaware of the offering. Recommendations can be made to rectify any identified hazards. The Health Hazard Evaluation Programs also may provide research opportunities for students and faculty, or uncover scientific questions to be addressed by further research through grants or contracts.

The expanded Centers of Excellence can also assist NIOSH in its mission of information dissemination. Staffs for continuing education programs are in place. The ERCs can train the teachers to educate plant managers and workers on occupational health and safety. They can even conduct programs on worker education. The Centers are a resource for the public to obtain information on exposures, new or old plants, etc., in their area. Lastly, the Centers have occupational medicine clinics for the referral of patients or workers with possible occupational disease, symptoms, or exposures that need professional evaluation.

NIOSH and the ERCs need to develop improved communication and collaboration with the medical and industrial hygiene departments in industry. Industry support is vital for both—especially industry financial support for training, access to worksites for research on exposures, etc. NIOSH, the ERCs, and private industry need to develop an industry—financial scholarship fund (through professional organizations such as the American Occupational Medicine Association) for stipends to support professional trainees. This should supplement and eventually replace the federal role.

To achieve greater labor-management-government-academic cooperation in occupational safety and health, NIOSH, the ERCs and professionals need to emphasize the fact that the most successful and productive companies in the United States also have the best health and safety performance records. Occupational health professionals promoting their program contribute to a company's productivity e.g., reduced workers' compensation losses and premiums; prevention of the loss of skilled workers because of disability or the decreased efficiency that results from uncontrolled health hazards; and changes that are made for compliance purposes may provide opportunities for alterations throughout a process. Occupational health professionals can prevent a company from embarking on production of hazardous or toxic products or a hazardous process and stimulate innovative design and thinking to produce a safer, healthier alternative.

The Rocky Mountain Center for Occupational and Environmental Health in Utah is a Center of Excellence with a special opportunity. Utah, Colorado, Wyoming and Montana produce 25 percent of the nation's coal; vast coal gasification and power plants are envisioned (e.g., the Intermountain Power Plant will produce 3,000 MW and be the nation's largest); up to 3 million barrels/day of synthetic crude oil and perhaps more will be produced in Utah and Colordao by 1990 from oil shale and tar sand developments; uranium mining and milling is concentrated in Utah, Colorado, Wyoming, and New Mexico. The Intermountain West is the nation's energy storehouse. A resource center can best provide both the research and training leadership to deal with the problems of these developing industries. The Rocky Mountain Center for Occupational and Environmental Health is an example of one ERC developing special expertise in the topical areas of energy and mining.

The Rocky Mountain Center has provided the leadership and expertise in advising the State and local health departments and industry in setting up an oil shale workers' health registry. The developing oil shale industry may well become the largest mining enterprise in the nation's history. Shale oil is also carcinogenic so a prospective health registry to identify and control health hazards is a unique opportunity for one ERC to foster industry, government, labor and academic cooperation.

NIOSH research must be first-rate and impartial. NIOSH should be the leader with its intra- and extramural occupational health research including occupational cancer, occupational lung disease, and toxicology as related to workplace exposures. NIOSH should become a member of a family of national institutes of health. This could be achieved either at CDC or NIH—but only if given stature commensurate with the large task ahead. Lastly, NIOSH needs to further utilize the academic community to achieve its goals in peer review of research, training professionals through the ERCs, and via cooperative service agreements to perform HHEs.

STATEMENT OF WILLIAM N. ROM, M.D., M.P.H., DIRECTOR, ROCKY MOUNTAIN CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH, UNIVERSITY OF UTAH SCHOOL OF MEDICINE

Dr. Rom. Thank you, Mr. Chairman and members of the subcommittee.

I would like to address some of the more significant changes that have happened in the academic sphere of occupational safety and health, particularly the ERC program which has been a focal point for change in the university community.

I would also like to address some of the problems we have in the Western States, particularly with our mining, mineral expansion, and smelting industries, as well as what has happened with energy development in our region.

In addressing some of the questions asked earlier this morning, we have an official exchange between this country and Poland through the Public Law 480 funds including exchanges of professionals in the health-related fields. The next exchange is to be from this country to Poland, and they have requested a medical specialty to come over that is most esteemed in their country, which is occupational medicine. In this country DHHS has been searching like mad to find where that specialty is in America. I think we should strive for the goal of making occupational medicine the most esteemed medical specialty in the United States of America, as in Poland.

Mr. GAYDOS. Doctor, you are suggesting very vehemently the committee go to Poland, aren't you?

Dr. ROM. Not right now!

The crises in the American workplace which led to an excessive burden of disease, injury, and decreased productivity are highlighted by two major deficiencies—lack of knowledge on the health effects of many substances and the processes being developed in industry, and a shortage of professional manpower to address these questions. These two issues are intertwined.

The reason that research has not been of the utmost quality in occupational health is that we have not had the trained professionals within NIOSH and the academic community to do this type of work.

Since the creation of NIOSH, the most significant step to consummate this mission has been the creation of the NIOSH educational resource centers. NIOSH has funded 12 ERC's to train professionals in occupational medicine, industrial hygiene, occupational health nursing, and safety. They also provide vital continuing education to the occupational safety and health practitioner.

The successes of the ERC program can be highlighted by the numbers of trainees since 1977—over 2,000—and attendees at continuing education courses—over 11,000; our center serving the Rocky Mountain West has recruited 10 faculty, trained 30 full-time graduate students and physicians in occupational safety and health annually and has sponsored 30 short term courses for over 1,700 professionals in its brief 3-year existence. In addition, the educational resource center program has provided other benefits as well—for example, an esprit de corps and a new sense of professionalism in the hundreds of graduates now in industry, government, and academe. These new occupational safety and health professionals are committed to the prevention of occupational disease and injury and are seeking to educate upper level management and their superiors that a healthful work force is necessary for greater productivity. These new professionals are contributing not only to the occupational safety and health movement but also will improve the image of the company doctor or company nurse. These are people who can help to reduce the confrontations in occupational safety and health and promote a more cooperative climate among labor, management, and government.

The educational resource centers have had a profound influence on their parent universities. Practically no medical school or university had occupational safety and health in their curricula; now they do.

Occupational safety and health have become components of the university mission and opened new frontiers in community service for them. Faculty appointments have been granted, courses approved, and occupational health has even become a component of the medical and nursing schools' curriculum. In the past, physicians have practically never been trained in occupational medicine in medical school. We now average a meager 4 hours of instruction over the 4 years nationwide. Yet some medical practices may average 90 percent occupational disease and all doctors are periodically confronted with the patient with an industrially acquired disease or exposure.

The ERC program is producing academic faculty to rectify these deficiencies; for example, over half of our Utah physician graduates have pursued careers in academic occupational medicine. Additionally, more students may be expected to choose occupational medicine and occupational health nursing as careers as occupational health role models increase.

NIOSH needs to continue the ERC's as their prime solution toward meeting the manpower shortage, to increase occupational health's presence in the academic community by supporting teaching faculty and faculty academic awards, and to expand the ERC role to reach medical students and primary-care residents. The primary-care residents in family practice, general internal medicine, and obstetrics and gynecology have never appreciated the necessity of occupational medicine instruction in their programs. The ERC's have a tremendous opportunity to provide teaching in the clinical setting to these resident and house staff physicians.

The ERC's have been successful in promoting the concept of an occupational health team. Students in the varied disciplines of industrial hygiene, occupational medicine, toxicology, and occupational health nursing take courses and field trips together. They address problems and solve them together. By understanding each other's special expertise, the occupational health team can more effectively function in the private sector to evaluate new products, worker complaints of exposure, et cetera.

Over $25 million has been invested since 1977 to develop faculty and training programs at the 12 ERC's. It has taken us at our ERC in Utah almost 3 years to recruit all our faculty, obtain approval of our graduate degrees and courses, and develop the reputation to attract highly qualified and motivated students. This investment and momentum must not be lost!

NIOSH must expand the educational resource center concept to include research and service. NIOSH should utilize universities to accomplish its mission of research. It can most efficiently and successfully achieve this goal by expanding the ERC's into centers of excellence. The ERC's have recruited an academic and research-oriented faculty that can produce the research information so desperately needed. Universities have a peer-review system that can assure quality research; they are inherently objective and neutral in potentially controversial research areas. NIOSH must maintain this base of quality faculty by shifting its research resources to support the ERC faculty. The training programs must continue and the trainees can participate in the research studies under faculty supervision. Virtually all students must complete research projects for master's theses. Furthermore, universities traditionally foster both research and training.

Research should have specific emphases characteristic of the expertise found at each center. Those located near large shipyards may conduct asbestos-related disease research; those near large petrochemical complexes have the opportunity to study complex chemical exposures; others near mining and enegy developments need to conduct research in those areas. Centers of excellence may have a faculty specialty; for example, the Utah program emphasizes occupational pulmonary disease; others are expert in occupational dermatology, neurotoxicology, or reproductive disorders.

NIOSH should capitalize on these research resouces, and support extramural research to complement and lead private sector support. The private sector may have political strings attached or have a point of view that they wish to pursue. It is important for objectivity and neutrality to have Government-sponsored research funding. That should not cease.

NIOSH should develop, via cooperative agreements, increased numbers of health-hazard evaluations with the expanded centers of excellence. Any employer or employee can request a health-hazard evaluation from NIOSH. These include walkthrough evaluations, industrial hygiene sampling of gases and dusts, and medical examinations of workers. This consultation service can be dramatically expanded by regional or State-based centers. The centers can promote the health-hazard evaluation program, especially to the small businessman who is usually unaware of the offering. Recommendations can be made to rectify any identified hazards. The health-hazard evaluation programs also may provide research opportunities for students and faculty, or uncover scientific questions to be addressed by further research through grants or contracts.

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NIOSH and the ERC's need to develop improved communication and collaboration with the medical and industrial hygiene departments in industry. Industry support is vital for both—especially industry financial support for training, access to worksites for research on exposures, et cetera. NIOSH, the ERC's, and private industry need to develop an industry-financial scholarship fund for stipends to support professional trainees.

To achieve greater labor-management-Government-academic cooperation in occupational safety and health, NIOSH, the ERC's and professionals need to emphasize the fact that the most successful and productive companies in the United States also have the best health and safety performance records. Occupational health officials promoting their program contribute to a company's productivity; for example, reduced workers' compensation losses and premiums, prevention of the loss of skilled workers because of disability or the decreased efficiency that results from uncontrolled health hazards, and changes that are made for compliance purposes may provide opportunities for alterations throughout a process. Occupational health professionals can prevent a company from embarking on production of hazardous or toxic products or a hazardous process and stimulate innovative design and thinking to produce a safer, healthier alternative.

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The Rocky Mountain Center for Occupational and Environmental Health is an example of one ERC developing special expertise in the topical areas of energy and mining. The Rocky Mountain Center has provided the leadership and expertise in advising the State and local health departments and industry in setting up an oil shale workers' health registry. The developing oil shale industry may well become the largest mining enterprise in the Nation's history. Shale oil is also carcinogenic, so a prospective health registry to identify and control health hazards is a unique opportunity for one ERC to foster industry, Government, labor, and academic cooperation.

NIOSH needs to have a health-related research program in mining. The presence of silicosis in America's miners, problems with radiation, carcinogens, and diesel exposures need to be part of NIOSH research review. NIOSH research in mining needs to be coordinated with other agencies such as the Bureau of Mines.

The current administration has emphasized the cost savings of prevention. The vanguard of prevention is occupational health. It is at the worksite that principles of preventive medicine can be applied: Control of dust, gases, and unsafe workplaces, education to reduce unhealthy personal habits, and early detection of potential health impacts.

NIOSH research must be first rate and impartial. NIOSH should be the leader with its intramural and extramural occupational health research, including occupational cancer, occupational lung disease, and toxicology as related to workplace exposures. NIOSH should become a member of a family of national institutes of health. This could be achieved either at CDC or NIH, but only if given stature commensurate with the large task ahead.

NIOSH really has three choices. They can be part of CDC, which would promote excellent interaction with the States in the new sense of federalism and would expand NIOSH's clinical capabilities; NIOSH could be in the National Institutes of Health, where it could be extended national research stature; or NIOSH could be independent and elevated equal to CDC or NIH which would give NIOSH and occupational health the stature it needs in this country.

Mr. **Gaydos**. Doctor, those three alternatives you so clearly point out, what would the move to Atlanta do? What would happen to those three?

Dr. **Rom**. The move to Atlanta would consolidate the direction toward being under CDC's domain. My preference is for the third alternative.

Mr. **Gaydos**. In other words, you are in favor of the move? Do you think it would help you as far as your emphasis on the importance of the ERC's?

Dr. **Green**. I think from the academic point of view we would prefer to see a national institute that has the most stature and most prestige from a research and training point of view.

Mr. **Gaydos**. In Washington, D.C., or in Atlanta?

Dr. **Rom**. That would be preferably done in Washington, D.C., over Atlanta. As I said, there are advantages with each of the three. From the academic point of view, we would prefer the choice that would give it the most stature and most research prestige.

Certainly, NIH has considerable prestige. However, being an independent equal to NIH or CDC would give it its greatest national stature.

Last, NIOSH needs to further utilize the academic community to achieve its goals in peer review of research, training professionals through the ERC's, and via cooperative service agreements to perform HHE's.

Thank you.

Mr. **Gaydos**. Mr. Kogovsek?

Mr. **Kogovsek**. Mr. Chairman, I have no questions.

I want to indicate I appreciate the statements made by the three gentlemen.

Mr. **Gaydos**. Mr. Craig?

Mr. **Craig**. I thank all three of you very much for your testimony. I see coming out of it an expression of concern and a need in a general way for the kinds of services that are now being provided by NIOSH; but I also see coming out of all your testimony a concern and question as to the role it now plays.

It seems that all of you are suggesting at least some degree of reorganization or change as it relates to occupational safety and health.

I guess my question would have to be, beyond those particulars you have outlined, are there additional suggestions? I have to say, do we really need to go into NIOSH and look at it much more critically than we have? Do we need to talk about reorganization, changing some of the legislation or the laws that now direct it?

It appears that all of you have real questions about its effectiveness, no question about its role, and some general agreement about some success.

Would any of you wish to provide comments in relation to the possibility of improving what we now have, or may I suggest we abolish it and disperse it out into the existing areas of professionalism that we now have? Obviously, we have to get something better from it than we presently are getting, and I think that is the responsibility of this committee, to decide how you accomplish that.

Dr. **Green**. I think we have heard all morning long concern about the adequacy of the research program and the knowledge base on which we are attempting to deal with hazardous conditions, and potentially injurious conditions at the workplace. I guess my own conclusion would be that it is more than a problem of the geographic location of the agency, whether in Washington or Atlanta. It may be a problem with its basic authorization.

I interpret the weakness in the research program as perhaps in part related to competitive interests within the agency for dealing with immediate, very pressing, highly visible problems requiring a direct solution. But perhaps also it is because the institute has not contained extramural research and research training programs as the National Institutes of Health have.

I remember from some distance the discussions that went on at the time that NIOSH was formed and I believe that at least the general perception was that the basic researches would be left up to the National Institutes of Health, at least in the biomedical area, and that NIOSH, as have some of the other agencies, would be focused more on research that is more directly related to the needs of a sound basis for standard setting for conditions and exposures of the workplace.

My own interpretation of history now in the last 10 years would be that that formulation, although seemingly justifiable at the time, doesn't work, that the National Institutes of Health in fact have not provided an adequate knowledge base for research in this particular area, focused particularly on problems of occupational safety and health.

There is certainly much fundamental information that has been gained from the National Institutes of Health which is relevant, but lacking the interest and focus on occupational safety and health, those research programs have not been directed by an overriding concern for the detection and prevention of exposures and illnesses related to the working conditions.

I focus on one recommendation, because I would like to see this committee, or someone, look more carefully at the overall authorizing needs for accomplishing these functions.

Mr. **Craig**. Dr. Green, what you are saying then is that if this committee or the Congress were to leave NIOSH where it is in its present role, that that would not be satisfactory, that that really is not addressing the question of occupational safety and health, nor is it offering any solution to the problems out there in the private sector?

Dr. GREEN. I would say that the present situation is not entirely negative. I think the solution is not a matter of geography alone, at least in regard to the research aspects that we have talked about.

I think it would be asking a great deal of a director to turn the emphasis of the organization, where it is currently located even, toward developing a major research orientation, given its past history and traditions. I don't mean that the intentions aren't there. I don't mean that substantial progress could not be made. But I think it is not enough just to have a new director.

I think one needs more emphasis on the research needs, the scientific needs, of the field and the responsibility of the agency in that area to achieve that end.

Mr. CRAIG. Dr. Suskind, do you have a comment?

Dr. SUSKIND. I would like to underscore some of the things that my colleagues have said, and add that the field of occupational safety and health is a field which, unlike some of the other areas addressed by the National Institutes of Health, it is neither an organ oriented or a single disease-type problem area. Its problems encompass a wide variety of human reactions to a very wide variety of occupational hazards—biologic hazards, physical hazards, and chemical hazards.

The problems therefore, I think, are, to begin with, a little more complicated than those to which the National Institutes of Health address themselves. Some of their health problem areas overlap on those of the other National Institutes of Health. These include: the origins and mechanisms of environmental carcinogenesis, the origins and mechanisms of environmental pulmonary disease, and of environmental skin disease. In some instances other institutes have not seen fit to focus on problems of occupational origin. However, some are now beginning to do so.

Another factor in the complexity of studying occupational problems is the wide spectrum of disciplines required to identify problems, to probe them and to determine the origins and characteristics through research at all levels from the molecular level to the epidemiological level. This involves physicists, chemists, engineers, physicians, nurses, and toxicologists and people who in themselves are multidisciplined scientists.

This is quite different from the resource requirements of other NIH's. However, to answer Mr. Craig's question; namely, "should the responsibility be distributed," I feel that what is needed is coordination of disciplines and the utilization of scientific skills and resources in one place.

We should be thinking of a "National Center of Occupational Health Research and Training." It should have some different characteristics than the NIH's, but the important characteristics which it must have are these: It should have security; it should have independence; it should have the standards as I have indicated before—the high standards of science and the high standards of education. These are the ideals to which we ought to aspire.

Mr. CRAIG. Mr. Chairman, I have one more brief question of Dr. Rom:

You mentioned in the latter portion of your testimony, NIOSH and the ERC's need to develop improved communication, cooperation with the medical and industrial hygiene departments in industry. I assume by saying they need to do it, you are saying now they don't do it. Could you broaden that a little more and give us some of your ideas about what ought to be done in that particular area?

It seems to me that if there is a lack of communication there now, that we are missing the real thrust, part of the real importance of NIOSH's existence, if they are not communicating their findings, their observations, and allowing them to be applied.

Dr. ROM. I think that NIOSH has to have improved communication with industry. It has had excellent communication with labor and worker representatives in the past. The problems are in the workplace and are really ameliorated by industry. However, the diseases and the impacts are oftentimes an excessive burden upon the workers.

There is the necessity for cooperation. NIOSH has oftentimes taken a role that has put it in confrontation with industry; for example, in doing a study that may be biased in its perspective. NIOSH has had difficulties in gaining access to industry to do some of its health-hazard evaluations or even in doing some of its epidemiological research.

Mr. CRAIG. You have said they have trouble getting access. Is this because of past experience that industry won't let them in?

Dr. ROM. Industry may be incriminated if a problem is found. Industry may be acquitted or may be proven to have its control technologies and its processes above any standard; however, there is that specter that maybe there will be something found that may be adverse for the company.

There is a tendency to be a little gun shy on doing workplace-oriented research. Furthermore, the results have not been dealt with with the high standards that we have mentioned; that is, published in peer review literature or analyzed in the proper fashion. NIOSH needs a high esteem so that industry would welcome its presence.

Government has actually been part of the problem rather than solution. NIOSH has had that role; thus, I think improved communication and understanding should be a goal of NIOSH, particularly with industry in terms of research, and also with training.

It is industry that is the major employer of occupational safety and health professionals, and it is in part their responsibility to provide for their training. This is something that has not been part of our history. It is a new happening to have a greater industry role. I think over the past 5 to 10 years that there have been tremendous advances in industry and occupational health programs through the stimulus of the OSHA Act. The occupational safety and health programs have improved tremendously and standards are being met.

Mr. CRAIG. Thank you.

Thank you, Mr. Chairman.

Mr. GAYDOS. At this time, all of the panel's formal statements as presented to the committee will be made a part of the record. Without objection, it is so ordered.

The upcoming panel also will fall in that category. Maybe we can have some summations from the upcoming panel.

Gentlemen, thank you for your appearance here. I think there is an accumulation of evidence which will justify this committee's continuing in the vein that we are working in, and that is, to analyze the needs for legislative changes, if any, involving NIOSH and its activities, which will make it more effective.

Thank you very much for your appearance and participation.

I call panel No. 3: Dr. Tepper, corporate medical director of Air Products & Chemicals, Inc.; Dr. H. Dean Belk, corporate medical director of the Aluminum Co. of America; and Dr. Bundy, from the United States Steel Corp., director of industrial medicine.

Gentlemen, thank you for your appearance. If you can cooperate with the committee as far as time is concerned, maybe we will have a few minutes for some interesting questions.

[Prepared statement of Drs. Tepper, Belk, and Bundy follows:]

STATEMENT ON THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

I am Lloyd B. Tepper, M.D., Medical Director of Air Products and Chemicals, Inc., representing the American Academy of Occupational Medicine, a professional association of more than 750 full-time physicians engaged in the specialty of occupational medicine. With me are H. Dean Belk, M.D., Corporate Medical Director, Aluminum Company of America, and Merle Bundy, M.D., Medical Director of the United States Steel Corporation, representing the American Occupational Medical Association with a membership of over 4000 physicians who provide health services to workers on either a full- or part-time basis. The physicians for whom we speak are affiliated with industry, government, academia, labor unions, and private solo or group practices. Although we do not claim that every one of these physicians will subscribe totally to the views we express, we are confident that our comments are representative of the general assessment.

We believe that the federal government has an important and necessary function in research, in education and training, and in selected demonstration activities designed to conserve the health of workers. Historically the National Institute for Occupational Safety and Health (NIOSH) and its antecedent organizations have played this role, and our associations or individual members have collaborated in research and teaching, exchanging expertise and opportunities for scientific study. Many of us and of our colleagues in industrial hygiene and nursing received training under the auspices of NIOSH.

Since we know what NIOSH has been and understand its proper function in the conservation of health of workers, we find great disappointment in the agency's present state. The problems have remedies, and we are pleased to share the Subcommittee's interest in finding the optimal pathway to restored scientific integrity within the agency.

We believe that NIOSH has a distinctive mission in research, in education and training, and demonstration. Regulation and enforcement are accomplished through a different, and entirely workable, mechanism. The only advocacy appropriate to NIOSH is the advocacy of the accumulation and collation of accepted knowledge relevant to the field and the development of new knowledge through experimentation, observation, and rigorous application of the scientific method in the conduct of its own work and the assessment of work done by others. Effective research is founded on an institutional commitment to scientific integrity and the eager participation of scientists who are well trained, who read and keep up, and who are motivated by true scientific achievement and the creation of a scholarly environment. If it fails to produce scientific studies which can survive peer assessment by leading academic scholars, NIOSH should be abolished.

It is obviously disappointing to have witnessed over recent years the loss by NIOSH of some of its most promising people. There may be other reasons, but two important ones come to mind: (1) increased political or partisan orientation, reflected in the selection of data to support a particular desired position, and (2) the lack of adequate internal scientific rewards for people denied ascendancy in an administrative hierarchy.

Parenthetically, but relevant to this point, we believe that Washington, which has no apparent functional advantage, is the least suitable base for NIOSH. Similarly, we are not persuaded that Atlanta has many advantages, although the CDC does offer important resources in epidemiology and clinical laboratory sciences. We continue to regard highly the resources available, and indeed used historically by NIOSH, in Cincinnati and Morgantown, or as an alternative, those centered on

Pittsburgh. We would be pleased to review these matters at the Subcommittee's pleasure.

If NIOSH is a scientific agency, it should conduct intramural research, not merely supervise the awarding of funds to others. If NIOSH exists only to administer disbursements, it will obviously lose the better scientists.

NIOSH is not properly drawn into abstract or theoretical pursuits only vaguely related to worker health. Guidance of research efforts must closely reflect the needs of OSHA, of working people and of those responsible for health at the work place. Some research is best left to others who are better equipped; carcinogenesis, for example, is probably best dealt with by the vast resources of the National Cancer Institute. On the other hand, research in ergonomics and human factors, safety propaganda and technology, and noise and hearing is clearly appropriate.

We encourage the active role of NIOSH in education and training, but believe that the Educational Resource Center (ERC) concept and program merit careful reassssessment. While it may have seemed reasonable to establish a comprehensive center in each HHS administrative region, considerations other than those which are scientifically sound appear to be governing decisions relative to the system. High standards for support have not been always applied and the insistence that each center offer specialized full-time training in occupational medicine, hygiene, nursing and safety can be seen now to have been unwise. Some components are weak and expensive and have enrollments of only one or two people, even if one allows for a marginal period of development. Indeed NIOSH's own consultants have urged the termination of funding for some components, although the agency has been reluctant to respond to the advice. The quality of each component at each ERC must be judged independently, especially as we strive for prudent use of tax monies. Dilution of effort resulting from a profusion of components needs to be controlled.

Obviously there are multiple factors to consider: there is merit in exchanges among the several occupational health disciplines during training, there is value in the close geographic proximity of a center, and there may be a necessity to temper the tendency of the traditional "heavyweights" to be blessed year after year with the preponderance of funds. Nevertheless, we recommend an elevated standard and such flexibility as will promote economies of operation.

While it can be argued that the assignment of key NIOSH personnel to ERCs or other institutions under the Intergovernmental Personnel Act provides useful collaboration, the corollary is an impoverishment of the intramural effort, which leads to less adequate scientific work and to loss of personnel, who seek affiliation with other foci or scholarly activity.

Carefully designed demonstration projects, such as those which might examine the capabilities of the nurse practitioner or physician's assistant in health surveillance, should be included within NIOSH's scope of responsibility. Recommendations to OSHA, based on evaluation of this type of demonstration, might remove traditional barriers which complicate delivery of services to workers. Innovative techniques for providing a *full range* of occupational health services to small plants similarly merit demonstration. The surviving ERCs should be stimulated to contribute to the evolution of these services.

The extent to which NIOSH offers consultative advice to industry, especially to small plants, merits scrutiny in that this function could be performed, from an organizational point of view, by either NIOSH or OSHA.

One would hope that OSHA would assume the major responsibility, although the fear of citations brought on by solicited consultation will be difficult to dispel. No one is going to seek advice if the proposed advisor is going to issue a citation. We believe that the climate in this regard is improving, although the plant manager, once burned, will need to be convinced. The point here is that the scientific activities of NIOSH should not be diluted by the obligation to respond to external requests.

Similarly, Health Hazard Evaluations or employee complaint inspections, if they are to be done at all by NIOSH, must be carefully screened so as to exclude those which do not contribute to the achievement of agaency objectives.

Your letter of invitation to testify seeks comments on the relationship between national goals of increased industrial productivity and the importance of maintaining a safe and healthful work place. Our experience does not suggest that maintaining such a work place commonly interferes with productivity. Rather, productivity is impaired by repeated unproductive inspections in response to unsubstantiated complaints. Most arguments in this area seem to concern increased costs, not decreased productivity directly. The level of expenditure is in certain instances inversely related to the level of risk. It is precisely in this area that NIOSH must be permitted to function without internal or external partisan or political consideration. The weighting of the relative worth of evidence purporting to describe risk has nothing to do with political and societal considerations in the assumption of risk.

You seek additionally an assessment of the CDC's stewardship of NIOSH since 1973. We are not prepared to comment specifically on this point; however NIOSH is clearly not as strong and effective as it once was, or as it could be, or should be. We can conclude only that someone's stewardship left much to be desired.

The extent to which NIOSH achieves its goals will be reflected in large measure by its ability to attract scientists who could hold their own at leading academic institutions or laboratories, and by the degree to which the Congress finds the agency to be a definitive resource.

The Subcommittee should be aware of the vast reservoir of goodwill toward NIOSH that exists among persons now in various phases of occupational health practice. Many of us have proferssional "roots" as NIOSH and would be eager to respond to calls for assistance or collaboration. Obviously we shall be cautious until the quality of short- and long-term objectives becomes apparent, but we are optimistic.

My colleagues and I would be pleased to respond to the Subcommittee's questions, now or in the future.

STATEMENT OF LLOYD B. TEPPER, M.D., CORPORATE MEDICAL DIRECTOR, AIR PRODUCTS & CHEMICALS, INC., ALLENTOWN, PA., ON BEHALF OF THE AMERICAN ACADEMY OF OCCUPATIONAL MEDICINE, ACCOMPANIED BY H. DEAN BELK, M.D., CORPORATE MEDICAL DIRECTOR, ALUMINUM CO. OF AMERICA, PITTSBURGH, PA., AND MERLE BUNDY, M.D., MEDICAL DIRECTOR, UNITED STATES STEEL CORP., PITTSBURGH, PA., ON BEHALF OF THE AMERICAN OCCUPATIONAL MEDICAL ASSOCIATION

Dr. TEPPER. Mr. Chairman, I have one formal statement.

I am Lloyd B. Tepper, M.D., medical director of Air Products & Chemicals, Inc., representing the American Academy of Occupational Medicine, a professional association of more than 750 full-time physicians engaged in the specialty of occupational medicine.

With me are H. Dean Belk, M.D., corporate medical director, Aluminum Co. of American, and Merle Bundy, M.D., medical director of the United States Steel Corp., representing the American Occupational Medical Association with a membership of over 4,000 physicians who provide health services to workers on either a full- or part-time basis.

Dr. Belk and I are the presidents, respectively, of the association and the academy.

The physicians for whom we speak are affiliated with industry, government, academia, labor unions and private solo or group practices. Although we do not claim that every one of these physicians will subscribe totally to the views we express, we are confident that our comments are representative of the general assessment.

We believe that the Federal Government has an important and necessary function in research, in education and training, and in selected demonstration activities designed to conserve the health of workers. Historically, the National Institute for Occupational Safety and Health and its antecedent organizations have played this role, and our associations or individual members have collaborated in research and teaching, exchanging expertise and opportunities for scientific study. Many of us and our colleagues in industrial hygiene and nursing received training under the auspices of NIOSH.

Since we know what NIOSH has been and understand its proper function in the conservation of the health of workers, we find great disappointment in the agency's recent past performance. The problems have remedies, and we are pleased to share the subcommittee's interest in finding the optimal pathway to restored scientific integrity within the agency.

We believe that NIOSH has a distinctive mission in research, education and training, and in demonstration. Regulation and enforcement are accomplished through a different and entirely workable mechanism. The only advocacy appropriate to NIOSH is the advocacy of the accumulation and collation of accepted knowledge relevant to the field and the development of new knowledge through experimentation, observation and rigorous application of the scientific method in the conduct of its own work and the assessment of work done by others.

Effective research is founded on an institutional commitment to scientific integrity and the eager participation of scientists who are well trained, who read and keep up, and who are motivated by true scientific achievement and the creation of a scholarly environment. If it fails to produce scientific studies which can survive peer assessment by leading academic scholars, NIOSH should be abolished.

It is obviously disappointing to have witnessed over recent years the loss of NIOSH of some of its most promising people. There may be other reasons, but two important ones come to mind: (1) increased political or partisan orientation, reflected in the selection of data to support a particular desired position and (2) the lack of adequate internal scientific rewards for people denied ascendancy in an administrative hierarchy.

Parenthetically, but relevant to this point, we believe that Washington, which has no apparent functional advantage, is the least suitable base for NIOSH. Similarly, we are not persuaded that Atlanta has many advantages, although the CDC does offer important resources in epidemiology and clinical laboratory sciences.

We continue to regard highly the resources available and indeed used historically by NIOSH in Cincinnati and Morgantown, or as an alternative, those centered in Pittsburgh. We would be pleased to review these matters at the subcommittee's pleasure.

If NIOSH is a scientific agency, it should conduct intramural research, not merely supervise the awarding of funds to others. If NIOSH exists only to administer disbursements, it will obviously lose the better scientists.

NIOSH is not properly drawn into abstract or theoretical pursuits only vaguely related to worker health. Guidance of research efforts must closely reflect the needs of OSHA, of working people, and of those responsible for health at the workplace. Some research is best left to others who are better equipped. Carcinogenesis, for example, is probably best dealt with by the vast resources of the National Cancer Institute. On the other hand, research in ergonomics and human factors, safety propaganda and technology, and noise and hearing, is clearly appropriate.

We encourage the active role of NIOSH in education and training but believe that the educational research center concept and program merit careful reassessment. While it may have seemed reasonable to establish a comprehensive center in each HHS administrative region, considerations other than those which are scientifically sound appear to be governing decisions relative to the system.

High standards for support have not been always applied and the insistence that each center offer specialized full-time training in occupational medicine, hygiene, nursing, and safety can be seen now to have been unwise. Some components are weak and expensive and have enrollments of only one or two people, even if one allows for a marginal period of development.

Indeed, NIOSH's own consultants have urged the termination of funding for some components, although the agency has been reluctant to respond to the advice. The quality of each component at each ERC must be judged independently, especially as we strive for prudent use of tax moneys. Dilution of effort resulting from a profusion of components needs to be controlled.

Obviously, there are multiple factors to consider: There is merit in exchanges among the several occuptional health disciplines during training; there is value in the close geographic proximity of a center; and there may be a necessity to temper the tendency of the traditional heavyweights to be blessed year after year with the preponderance of funds. Nevertheless, we recommend an elevated standard and such flexibility as well as promote economies of operation.

While it can be argued that the assignment of key NIOSH personnel to ERC's or other institutions under the Intergovernmental Personnel Act provides useful collaboration, the corollary is an impoverishment of the intramural effort, which leads to less adequate scientific work and to loss of personnel, who seek affiliation with other foci of scholarly activity.

Carefully designed demonstration projects, such as those which might examine the capabilities of the nurse practitioner or physician's assistant in health surveillance, should be included within NIOSH's scope of responsibility. Recommendations to OSHA, based on evaluation of this type of demonstration, might remove traditional barriers which complicate delivery of services to workers. Innovative techniques for providing a full range of occupational health services to small plants similarly merit demonstration. The surviving ERC's should be stimulated to contribute to the evolution of these services.

The extent to which NIOSH offers consultative advice to industry, especially to small plants, merits scrutiny, in that this function could be performed, from an organizational point of view, by either NIOSH or OSHA.

One would hope that OSHA would assume the major responsibility, although the fear of citations brought on by solicited consultation will be difficult to dispel. No one is going to seek advice if the proposed adviser is going to issue a citation. We believe that the climate in this regard is improving, although the plant manager, once burned, will need to be convinced.

The point here is that the scientific activities of NIOSH should not be diluted by the obligation to respond to external requests.

Similarly, health-hazard evaluations or employee-complaint inspections, if they are to be done at all by NIOSH, must be carefully screened so as to exclude those which do not contribute to the achievement of agency objectives.

On the other hand, when evaluation contributes to NIOSH research, it might serve as an important element in the achievement of scientific objectives.

The NIH admits patients to their clinical center on the basis of the contribution of those admissions to the Institutes' research program. This is not a blanket admissions policy; it is targeted to those patients whose illnesses might contribute to the research program currently in progress at the NIH.

Mr. Chairman, your letter of invitation to testify seeks comments on the relationship between national goals of increased industrial productivity and the importance of maintaining a safe and healthful workplace. Our experience does not suggest that maintaining such a workplace commonly interferes with productivity. Rather, productivity is impaired by repeated unproductive inspections in response to unsubstantiated complaints.

When a single industrial plant has over 50 inspections in the course of 4 or 5 years, that impairs production.

Most arguments in this area seem to concern increased costs, not decreased productivity directly. The level of expenditure is in certain instances inversely related to the level of risk. It is precisely in this area that NIOSH must be permitted to function without internal or external partisan or political consideration. The weighting of the relative worth of evidence purporting to describe risk has nothing to do with political and societal considerations in the assumption of risk.

You seek additionally an assessment of the CDC's stewardship of NIOSH since 1973. We are not prepared to comment specifically on this point; however, NIOSH is clearly not as strong and effective as it once was, or as it could be, or should be. We can conclude only that someone's stewardship left much to be desired.

The extent to which NIOSH achieves its goals will be reflected in large measure by its ability to attract scientists who could hold their own at leading academic institutions or laboratories, and by the degree to which the Congress finds the agency to be a definitive resource.

The subcommittee should be aware of the vast reservoir of good will toward NIOSH that exists among persons now in various phases of occupational health practice. Many of us have professional roots as NIOSH would be eager to respond to calls for assistance or collaboration. Obviously, we shall be cautious until the quality of short- and long-term objectives becomes apparent, but we are optimistic.

Thank you very much for this opportunity to appear.

My colleagues and I will try to answer questions to the best of our ability.

Mr. GAYDOS. Ten years ago, was NIOSH more powerful than it is today, in your estimation?

Dr. TEPPER. In recognition of Dr. Key's presence, I would say that at that time NIOSH was producing products which were used by industry in conserving health at the workplace. The record of publications in peer-review journals was very much better than it has been in the last 4 years.

Mr. **Gaydos**. Maybe the committee can be instrumental in gaining back that lost reputation.

Mr. Kogovsek?

Mr. **Kogovsek**. Thank you, Mr. Chairman.

Doctor, you state that regulation and enforcement are accomplished through a different and entirely workable mechanism. Are you implying that NIOSH in the past has regulated and enforced certain procedures with which you disagree?

Dr. **Tepper**. What I am saying here, sir, is that NIOSH, in my opinion and I think in our opinion, does not have a role in compliance and enforcement. NIOSH has a role in the generation of objective data. The mechanism which exists for compliance and enforcement is OSHA.

We, I think, would promote a somewhat more independent view or function of these two respective agencies.

Mr. **Kogovsek**. You comment further, if NIOSH "fails to produce scientific studies which can survive peer assessment by leading academic scholars, NIOSH should be abolished." Can you be a little more specific as to NIOSH's apparent present shortcomings?

Dr. **Tepper**. I think Dr. Corn covered that in a way that we would strive to emulate.

Dr. Corn pointed out that the output of scientific activity must be able to hold up under scrutiny by people who would be regarded as having senior status in the scientific community.

Mr. **Kogovsek**. Who should be responsible for selecting the leading academic scholars you refer to?

Dr. **Tepper**. The National Institutes of Health has done a superb job of this in study sections. The National Academy of Sciences has done an excellent job in identifying people who serve on their boards.

The result in these cases has been communications that are not subject to a "Cold War" that goes on after them.

We would wish that NIOSH were able to produce materials that would represent a definitive statement on any subject. Again alluding to Dr. Corn's statement, the criteria document is supposed to be a definitive monograph discussing some subject—benzene, vanadium, you pick it. The traditional system has been to deal with bibliographic abstractors who do not weight the worth of the various component contributions that go into this masterpiece. That being the case, peers who read this, individuals who speak for the academic community, are not impressed.

One would hope that NIOSH would enhance its scientific capability so that materials that came out of it would be used.

Dr. Corn's library of references should have dog-eared corners because of repeated reference to these publications.

Mr. **Kogovsek**. You refer to the fact that "NIOSH has been losing some of its most promising people because of a lack of adequate internal scientific rewards for people denied a ascendency in the administrative hierarchy." How would you recommend that we change that situation?

Dr. **Tepper**. I think that situation would not remain if there were an adequate research program within the Institute. People get their ego rewards from power or from scientific accomplishment or from money. You have to give the individual some sort of reward.

NIOSH has not had the intellectual reward in the recent past, so if you did not gain ascendency via the power path, there was very little left for you. Professors in most universities earn very significant ego rewards from their scientific productivity. One would hope that NIOSH could emulate that pattern.

Mr. **Kogovsek**. How would you suggest, Doctor, that NIOSH could more effectively conduct intramural research?

Dr. **Tepper**. I think that goes back to Mr. Craig's proposition with the last panel. I don't want to speak for both of my colleagues exclusively. They should chime in when they think it is appropriate. I think it is essential that the notion of stability within NIOSH be established and that the continued "Cold War" with CDC, the lobbying for ascendency in the administrative frame of reference in Washington, must be concluded.

These are very distracting; they contribute very little to scientific productivity. If there were a reassessment of where NIOSH fits in and a definition of what it is intended to do, then I think we start with a clean sheet and we reduce the influence of the externalities in influencing the research program.

I don't think, sir, that I could answer the question without providing for personnel within NIOSH a more stable, secure, appreciated position for them within the total system.

Dr. **Bundy**. Only one other comment: They need an adequate budget and they have not had it. They have not had an adequate research budget. They have not had an adequate budget for the full Institute as well; never have.

Mr. **Kogovsek**. Doctor, you state further in your statement that "Guidance of research efforts must closely reflect the needs of OSHA, of working people, and of those responsible for health at the workplace." Yet, on the other hand, you seem to criticize OSHA because of its increased political or partisan orientation. I assume that you are referring to OSHA's responsiveness to organized labor.

I am not sure that is a correct assumption. How can NIOSH reflect the needs of OSHA without listening to the representatives of organized labor?

Dr. **Tepper**. NIOSH does need to identify the source of problems at the workplace. Certainly, the people who are at the workplace, employed at the workplace and who experience injury or disease, have a valid role in bringing to NIOSH evidence of areas where research is indicated.

The partisan posture to which I referred did not necessarily have reference to organized labor. The partisan influence which I perceived was one in which rather than following the data to see where they take you, NIOSH in some cases decided where it wanted to go and then identified data which might be useful in getting there.

Mr. **Kogovsek**. Should NIOSH, in your opinion, be taking more direction from OSHA? Should it be subordinate to OSHA?

Dr. **Tepper**. NIOSH, in my opinion, is a scientific agency. Obviously, it collaborates with OSHA in the identification of areas which need scrutiny; it deals with management to find out the problems recognized by management; it deals with people who work. But NIOSH is a scientific agency and I think I cannot elaborate on that sufficiently.

Mr. KOGOVSEK. You stated NIOSH is not as strong and effective as it once was, or not as strong as it could be. Can you give some specific guidelines or standards what Congress should follow in determining whether NIOSH becomes as strong and effective as it should be?

Dr. TEPPER. This does go back to the previous comment which I made, pending identification of really what NIOSH ought to be and resolving the seemingly interminable struggle as to where it fits and what level it ought to be. Pending the resolution of that problem and with competent leadership, I see absolutely no reason why NIOSH could not be a very strong agency developing particular strengths at the outset in certain areas where it already has a very considerable fund of ability, human factors, ergonomics. NIOSH is doing very important and useful things in these areas.

One would anticipate an expansion of that expertise into other areas where need exists but where NIOSH is not now currently functioning.

Mr. KOGOVSEK. Mr. Chairman, I just have one question in regard to the ERC's.

Doctor, you expressed certain reservations concerning educational resource centers. Do you have any specific checklist or standards that you are in a position to recommend that NIOSH pursue in evaluating the activities of the ERC's?

Dr. TEPPER. This is probably not the forum for that, but I would say that Dr. Corn and I were privileged to be on a visiting body that went with colleagues to the 12 ERC's and examined in some detail the program of each component at each ERC. We were impressed with some and we were impressed with deficiencies in others.

I would simply say that I would urge that NIOSH consider the comments offered by the visiting committee and attempt to respond to those comments as faithfully as it could.

Mr. KOGOVSEK. That is all I have, Mr. Chairman.

Mr. GAYDOS. Dr. Bundy, is industry throughout the Nation better off because of NIOSH, as far as projections of sick-day loss, things like that?

Dr. BUNDY. Our record in the industry has been improving over the years. I think there are areas where they probably could perform more research than what they are doing. The fields of toxicology, hazardous exposures, and safety come to mind.

One of the biggest studies investigating hazards in the industrial setting was initiated by industry. The coke-oven study is the one to which I am referring. You are well aware of this study, I am sure.

Mr. GAYDOS. Steel was ahead of a lot of industries insofar as these safety committees, long before many other segments in our industrial base in this country. I think the steel industry was probably in the forefront.

Dr. BUNDY. We are proud of the record we have and we recognize that we can always be better. I think, on the whole, we have done an excellent job in the steel industry.

Mr. GAYDOS. And probably because you operate in cooperation with organized labor, because most of big steel is organized?

Dr. BUNDY. We have had a very good relationship.

Mr. GAYDOS. We have difficulties in following the trend many times in unorganized areas where we have a 10- or 15-man work force, no representation in an economically deprived area, and therefore they are not given the benefit many times, of effective safety committees as we have grown to know them in the steel industry. Is that true?

Dr. BUNDY. This is one of the reasons for our recommending that NIOSH have a role in developing programs for small plants. The small plant problem has not been solved yet. It has been attacked and reattacked from all directions, but no one has done a really good job, with a few exceptions. Rarely, a good job has occurred in providing full services—medical, industrial hygiene, and safety—to a few small industries; but such full service over the broad group of small industries across the country has not been done.

Mr. GAYDOS. This committee has experienced the same problem with the mining industry. You have two- or three-man operations, five- and six-man operations; you do not have available even a rescue team, so that if a catastrophe occurs the small mine must go to a phone somewhere and get a rescue team. It follows the same nomenclature as small business; they have not been able to grapple with the problem and direct our energies and our reasonable regulations in that area.

Before I call on Mr. Craig, just generally, would you have an opinion, Dr. Bundy, on the prime question, the principal question here, whether this transfer down to Atlanta would be detrimental or beneficial?

Dr. BUNDY. I don't know. There are some advantages in going down there, but I think in the overall I would like to have seen NIOSH someplace else in the very beginning. I still hold to that.

Mr. GAYDOS. I tried to get it in Pittsburgh.

Dr. BUNDY. I still hold to that, too, Mr. Chairman.

Mr. GAYDOS. Our prior witness almost said Cincinnati.

Dr. Belk, I don't know why you are laughing. What do you think about that transfer down there; do you think it has merit? Do you think it would be doing a disservice to the whole concept of NIOSH and what it was supposed to accomplish?

Dr. BELK. Mr. Chairman, I have mixed feelings about this question, like the others. I think there are other questions that I perceive to be more basic to the function of NIOSH.

I think that NIOSH could function in Atlanta, but I think there are some issues that should be addressed that I would encourage your committee to pursue further in regard to the function of NIOSH.

Mr. GAYDOS. Before you do, Doctor, can I ask you, aren't you afraid of NIOSH being submerged in the bureaucratic redtape and political battles and administrative hogwash in Atlanta if they are transferred down there? Would you not be afraid of that? You are really discounting it, saying it doesn't matter one way or the other, if I interpret you correctly; is that what you are saying?

Dr. BELK. I am concerned about where NIOSH is located in the CDC hierarchy. I think if this move should occur, if it is to be successful in Atlanta, there should be reorganization of NIOSH within CDC. Unfortunately, I am not familiar enough with CDC to comment from an informed base of information in that regard, so I cannot recommend to you, or even to CDC at this point, where it should be.

I think being located far down within the organization, the budget needs of the organization are going to receive not the attention that they ought to. I think, in particular—and it has already been stressed here many times—that we have a serious need for training in our field. Fortunately, this is being addressed, I understand, by the Congress now, in some of the committees. I perceive this to be exceedingly important.

I really think that this is to a very large extent why we are sitting here today, talking about this subject; we are because of inadequate numbers of adequately trained people in occupational health. With the passage of OSHA, the implementation of that act required an army of professionals which did not exist, and I think many of the growth pains that have existed for both OSHA and NIOSH have existed in the past because of a dire shortage of adequate numbers of professionals to administer these programs. Therefore, I think training should receive a very high priority.

I do have concern about the location of NIOSH within the CDC, whether it is in Atlanta or here in Washington. I do think if it continues at the same level in Atlanta outside the arena of public scrutiny, its needs could be shortchanged if it is not reorganized within CDC in the Atlanta move.

Mr. **Gaydos**. You wanted to make a couple of observations, I believe?

Dr. **Belk**. I appreciate the opportunity to do this, because I must tell you that I am sad that I did not have an opportunity to submit a statement to your subcommittee. Unfortunately, when you kindly issued the invitation, I was out of the country. When I got back, almost immediately you would have required a copy of that statement. So, I did collaborate with Dr. Tepper and I do support the comments that Dr. Tepper has made.

As I have been thinking about this since the issue has arisen, the question has arisen, and this opportunity for public forum has arisen, I think there are two questions——

Mr. **Gaydos**. Doctor, if I may interrupt you one more time.

Mr. Craig, are there any questions, because there is a vote on? I am going to stay and miss the vote. Mr. Craig will probably want to go over.

Do you mind, Doctor?

Dr. **Belk**. No.

Mr. **Gaydos**. You respond to him and then I will stay here.

Mr. **Craig**. Thank you very much, Mr. Chairman.

I do appreciate the testimony. It was candid and brought out some very valuable points.

One question occurs to me from your statement, Dr. Tepper, when you say, "While it may have seemed reasonable to establish a comprehensive center in each HHS administrative region, considerations other than those that are scientifically sound appear to be governing decisions relative to the system."

Could you broaden that one?

Dr. **Tepper**. One of the traditional ways in which training grants were awarded was based on a specific evaluation of the capability of the department providing the training. Those persons who put in a sound application and who in the course of practice did a sound job in training, were given awards over the course of years.

The ERC's, to some degree, represent a dilution of that principle wherein you establish centers on the basis of an administrative unit in a portion of the country and you then support an activity in that region, basing your decision to do so not on quality solely but on simply being there, being represented in the region.

This notion of presence in the region does, obviously, have validity. There is a resource that is in close proximity to industrial users within the area; however, when this takes place without giving due weight to the quality of what is done in each of the component programs at the university in that area, then I have some misgivings as to the wisdom of continuing that pattern.

The sense which I was attempting to transmit was that it is not necessary that each center provide all things to all people. Some centers may be very good in industrial hygiene but they ought to surrender the nursing component. Some places may have a superb nursing component but safety is not their thing.

The preconceived notion of attempting to require that each region have all things seemed to us, I think, in retrospect now, to have been unwise.

Mr. CRAIG. One more brief question, Mr. Chairman.

Almost everyone, including the panel, has talked about a lack of peer review in the research that has been done by NIOSH and find it deplorable; yet, oftentimes this research ends up in rules and regulations promulgated by OSHA.

Would you say that lack of peer review and/or criticism prior to the time much of this research ultimately ends up in rule and regulation, has resulted in the kind of lawsuits that we have seen in the courts, where industry has simply been forced to test a rule or a regulation in the courts?

Dr. TEPPER. I think that is true. You see, the regulators ought to have a right to unbiased data. Then the regulators or advocates of any persuasion ought to be able to use those data to come up with a regulation. If the information at hand is somehow distorted, then the likelihood that the regulation will be subject to opposition from all sides is very much increased.

Let me make one more comment about peer review, because I don't want the notion of peer review to mean that NIOSH, once making a finding, must keep it bottled up forever, while it undergoes the 2- or 3-year process to be published in the scientific journal. There may be instances where something needs to be brought promptly to the public's attention and I don't think any of us would advocate sitting on it simply becuse it had not been published in a distinguished journal.

Mr. CRAIG. Thank you; thank you very much, Mr. Chairman.

Mr. GAYDOS. Of course, Doctor, you are familiar with the *Augusta* case. They had the problem in Georgia about not telling the workers, holding back very, very important information from people who were exposed to toxic elements. We have had it repeated time and time again. The question keeps repeating itself, when is the time ripe for NIOSH as an institution to give notice, either individual notice or general notice? You could disrupt the whole activity. A company might be bankrupt if you give notice at the wrong time, so the argument goes.

On the other hand, you have people who, if they were given prompt medical attention, if they were notified they were exposed to carcinogenic substances, could request and receive adequate medical attention which could save their lives.

I think you cavalierly brushed it aside when you said sometimes we have problems as to when you should reveal that information which you have accumulated. I think it is very, very important.

Dr. **Tepper**. I don't believe I made it quite clear. The kind of information I was discussing with Mr. Craig was scientific information, the finding that substance *x* causes this outcome.

Mr. **Gaydos**. That is what I am talking about.

Dr. **Tepper**. My understanding of the Augusta situation was that individuals were not being informed about an exposure which they had perhaps incurred in the past. I am not intimately familiar with that situation. I will only say on that account that what one does in those situations is never a simple matter. It involves the virulence of the material to which the individual is exposed. It depends on the extent of th exposure; it depends on the likelihood that intervention will be useful; it depends on many other factors which are relevant.

In the situation with the bladder carcinogenesis, there are virulent materials; they produce disease. The likelihood that intervention will be useful is very high. When those situations come together there is a much stronger obligation to do something than if someone dropped a pack of saccharin in a diner.

Mr. **Gaydos**. Doctor, you may be called as a witness in Port Alleghany, Pa., along with Augusta, Ga. There are two court cases on that very point.

Was there not a legal duty and obligation of NIOSH and/or the company involved to inform the workers of exposure at the time and place, and the extent? All these factors are involved and I am sure they will play a part in the court decision, because that is what the witnesses will testify to and the court will decide who is responsible.

We have legions of cases. Asbestos is another. Byssinosis is around the corner, red lung, green lung, you name it. We have everything going. Maybe at this time it is nebulous, unidentified. I look for an unlimited number of cases coming up on the very point which you raise here today: When is the time right, proper, legal, what have you, to give notice to an employee or worker of the existence of a certain carcinogenesis? When do you have that obligation?

Dr. **Belk**. Mr. Chairman, may I make a comment? First of all, I want to say, quite dogmatically, as far as I am professionally concerned, I feel that industry has a serious obligation, even a mandatory obligation, to keep employees informed about the chemicals and the physical potentially hazardous substances to which they are exposed in the workplace. There is no question about that.

Now, there is a question, and there will be questions, about what that exposure means in terms of risk to the individual involved. In many instances it will be years before we begin to get a better indication of what the risk is.

Now, a decision as to how much risk people ought to accept is another question, and I think people as individuals ought to participate in that decision. I think that one useful mechanism could be for NIOSH to have a limited number but a few select advisory committees of people who by training, background, and experience are thoroughly grounded in the area in which a question of the level of risk arises. If it is a question of carcinogenesis, then I think NIOSH ought to have appointed and at its disposal a select panel of people who represent the very best minds in this country, or even some selected people outside the country if they are sufficiently expert, in order to evaluate the evidence that exists and to make a recommendation to NIOSH as to how that risk should be defined and conveyed to the people who have exposures; and that would be my recommendation.

Mr. GAYDOS. You are talking about budgetary terms and amounts that probably will be beyond anybody's comprehension at this time, because austerity is an issue. I think it is quite important. We don't have those kinds of funds available to expend.

Dr. BUNDY. Only one caution that I would emphasize and that is, when we use the term "carcinogenesis" that connotates all kinds of things to all people. It is well known that the risk of something producing a carcinoma is from a very minute risk to one of extreme and severe risk. So when we use that term, we have to be careful we don't throw all of them into the high-risk group when, in fact, a great many, if not most of them, are in the low-risk group.

We have been eating a lot of them in natural foods for years.

Mr. GAYDOS. I had the pleasure and responsibility of going down to Louisiana when we had a series of grain elevator explosions. We lost 62 people in a period of a month or two in Louisiana, Texas, and the Midwest, with 36 killed in Westwego, La. While we were there we did see all those large tanks that held the pesticides that were regularly used to douse all of those big grain elevators on a regular basis, hundreds of gallons.

So, you go right back into the pesticide story as to where it is put on, how it is maintained and how it appears in the end product. I agree and I am in full sympathy with you. I did not eat bread for 2 months, and then I gave in.

Dr. BUNDY. I am not talking about those we manufacture; I am talking about those that are already there naturally in food.

Mr. GAYDOS. We had the Kepone situation. This committee was quite involved in that. We had field hearings at Hopewell, Va. We still have the aftereffects. The James River is still closed as far as eating the fish caught there. Fish are still eating that type of chemical.

Do we have any observations that this panel wants to make in conclusion?

Incidentally, Dr. Belk, I shall be very happy to accept your testimony and your statement in full and make it a part of the record.

Are there any other observations that the panelists wish to make? If not, on behalf of the committee I would like to thank the panel, along with the other panels today, for their participation and for giving us the benefit of their expertise and their knowledge and great experience as we try to make this Government of ours work.

I think when the members of the committee have before them this accumulation of wisdom and practical experience and scientific conclusions, we will be in a much better position to make some reasonably logical conclusions and hopefully, we may be able to formulate legislation if such is required and redirect along the lines you are speaking of here a better and more effective program.

I want to thank all the panels for their excellent participation.

The subcommittee will stand in recess until Tuesday, September 29, at 9 a.m., in room 2261, Rayburn Building, on oversight of the Occupational Safety and Health Act. Appearing before the subcommittee at that time will be the Assistant Secretary of Labor for Occupational Safety and Health, Thorne G. Auchter.

Thank you very much indeed.

[Whereupon, at 12:30 p.m., the subcommittee recessed, to reconvene at 9 a.m., on Tuesday, Sept. 29, 1981, in room 2261, Rayburn House Office Building.]

[Material submitted for inclusion in the record follows:]

BOILERMAKERS, IRON SHIP BUILDERS,
BLACKSMITHS, FORGERS & HELPERS,
Kansas City, Kans., September 10, 1981.

Hon. JOSEPH M. GAYDOS,
Chairman, Health and Safety Subcommittee, Education and Labor Committee,
Rayburn House Office Building, Washington, D.C.

DEAR CONGRESSMAN GAYDOS: We understand that the Health and Safety Subcommittee has scheduled additional hearings on the proposal by the Department of Health and Human Services to transfer the headquarters of the National Institute or Occupational Safety and Health from Rockville, Md. to Atlanta, Ga. We would appreciate the incorporation of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers & Helpers, as outlined in this letter, into the hearing record.

Our International Brotherhood is opposed to the relocation of NIOSH headquarters. We believe that such a move is not justified and will result in a marked diminution of the Institute's ability to carry out its Congressionally mandated responsibilities in investigating occupational health and safety hazards.

From your years of service on the Health and Safety Committee you are well aware of the magnitude of the occupational disease problem and the importance of NIOSH research studies which form the basis for identification, evaluation and control of occupational hazards. We believe that the past decade has witnessed a new concern for the conditions in which working men and women labor. We see the proposal to move the headquarters of NIOSH as part of a pattern from the goal enunciated in the Occupational Safety and Health Act . . . "To assure safe and healthful working conditions for working men and women."

Our International Brotherhood is opposed to the relocation because (1) we do not wish to see NIOSH subservient to other interests and programs in the CDC (though these programs are also important, occupational health research must not be shunted aside); (2) we do not believe NIOSH can bear additional relocation costs when its current budget for useful scientific research has been reduced by 30%; (3) we foresee the loss of skilled personnel who cannot or will not relocate given the current housing situation; and (4) we believe the physical separation of NIOSH from the Washington, D.C. metropolitan area will endanger the close working relationship it must have with OSHA, MSHA, NIH, and other governmental agencies and private organizations.

We appreciate the concern you have shown in scheduling hearings. We hope that the collective concern expressed by many organizations and individuals will alter the decision by the Health and Human Services Department. Otherwise we urge

Congress to seek a legislative remedy that will prevent this reorganization and relocation.

Sincerely yours,

HAROLD J. BUOY,
International President.

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